

These figures of suitable cases, however based on mixed material, necessarily take no heed of past or future—ignore, in other words, the fact that most progressive phthisis cases at some time in their course must reach a stage when pneumothorax treatment might be used with advantage, and that a case unsuitable today might have been suitable yesterday, or may become so tomorrow.²

The following reports show what can be done in these bilateral cases:

CASE 1.—Mr. J. J. entered the institution, Aug. 31, 1917. His entire right lung was infected, there was a cavity at the top, and the râles were very large, being heard on both inspiration and expiration. The breathing in the left lung was abnormal at the apex, with a few scattered râles throughout, heard only after coughing. Three months later a cavity had developed at the base of the right lung, and a pneumonic condition was present in the entire right lung, with the same condition in the left as at the time of entrance. Temperature in the evening ranged from 99 to 101 F., and the amount of sputum varied from 6 to 8 ounces. Pneumothorax has been given every week for two months previous to the time of writing. Meanwhile, the patient has gained 10 pounds in weight, his temperature is normal, and expectoration is practically absent. The left lung remains unchanged.

CASE 2.—Mrs. E. J. entered the institution, Aug. 18, 1917, with her entire left lung infected and with a cavity at the top. The râles were very large and moist, and were heard on both inspiration and expiration. They were of a fine character, being scattered throughout the upper two thirds of the right lung, but they were heard, for the most part, after coughing. The sputum was purulent, averaging 4 ounces a day, and the temperature ranged from 99.6 to 101.6. The lung condition was unchanged two months ago. The patient has taken pneumothorax for the last two months. The sputum is very slight, the temperature has been normal during the treatment, and the right lung is in the same condition as before.

CASE 3.—Mr. J. B. entered the institution, Oct. 31, 1917. The upper two thirds of the left lung was full of large, moist râles on inspiration and expiration. The cough was very disturbing and the sputum, which seemed to come from the left side, was purulent, varying from 4 to 7 ounces a day. The right lung was infected as far as to the second rib. The râles were somewhat moist, and were heard on both inspiration and expiration. The patient has been taking pneumothorax every week for the last six weeks, and at present has a normal temperature, whereas before the treatment, he maintained an average of 100.5. There is an absence of sputum. The right lung is in the same condition as before the treatment.

In all patients treated, there has been an improvement similar to that observed in the foregoing cases, and also a great improvement in appetite, color and general condition.

In most cases the patient could tell from which side the expectoration was coming. This knowledge is a great help to the operator.

If a patient with a bilateral tuberculosis is not doing well, and there is evidence enough to show that one lung is very active and the other quiet, artificial pneumothorax "will, in a number of cases, prove a great help and cannot do harm if patients are observed very carefully."

2. Riviere, Clive: *Pneumothorax Treatment of Pulmonary Tuberculosis*, New York, Oxford University Press, 1917.

CHANCRE OF THE EYELID

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A widow, aged 58, Irish, referred by Dr. Leigh E. Schwarz, consulted me for a lesion of four weeks' duration, situated on the left lower eyelid. In addition to the ulceration on the lid, a large, painless, hard, freely movable gland could be palpated under the angle of the left jaw. A clinical diagnosis of primary syphilis, which was confirmed by demonstration of the *Spirochaeta pallida* with the dark field illuminator, was made.

After prolonged questioning of the patient as to the possible mode of infection, it was learned that a member of her family had had a "sore throat" for some months. Examination of that person revealed a typical syphilitic angina, mucous plaques on the cheek, a fading roseola and a generalized lymphadenopathy. This patient finally volunteered the information that she had employed the tongue to remove a foreign body from the victim's eye. This was unquestionably the mode of transmitting the infection to the eyelid.

Extragenital lesions of the eye are extremely rare, the ratio of incidence¹ being 1:67.

They occur mostly in physicians, usually through patients coughing contaminated saliva into their eyes. This brings up the interesting fact that a single lesion in the mouth may contaminate the saliva to such an extent that a drop of the contaminated saliva may produce a syphilitic lesion without



Chancre of the eyelid.

the lesion of the donor coming in actual contact with the recipient of the disease. Touchaleaume² says that 25 per cent. of eye chancres are due to kissing, and enumerates other means of infection, as by contaminated napkins, soiled fingers, etc. He further states that mothers can produce chancres on their children's eyelids by moistening crusts of eyelid eczema with their contaminated saliva.³

I had not heard of the procedure of the use of the tongue in removing foreign bodies from the eye, but several of my colleagues have known this custom to be a fairly common one, especially with the peasants of Europe. One of my colleagues recalls having known, some years ago, of an instance in which syphilis was contracted in exactly the same manner as in the case here reported. Another queer practice employed in the lay treatment of inflammatory conditions of the eye is the use of fresh urine dropped between the lids, and it seems to me that this method might also be productive of the transmission of syphilis. Max Joseph⁴ mentions the tongue as a possible factor in inoculating the disease in the eye.

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1. Montgomery: *Jour. Cutan. Dis.*, 1905, **23**, 342.

2. Touchaleaume: Thesis, abstr., *Ann. de dermat. et de syph.*, Series 2, 1889, **10**, 991.

3. Quoted by Montgomery (Footnote 1).

4. Joseph, Max: *Geschlechtskrankheiten*, 1909.