

**CONTRIBUTIONS FROM THE
OPHTHALMIC CLINIC; HARD
CHANCRE OF THE EYELIDS AND
CONJUNCTIVA, NO. 3, JULY,
1886**

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Contributions from the ophthalmic clinic; Hard Chancre of the Eyelids and Conjunctiva, No. 3, july, 1886 by David DeBeck

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DAVID DEBECK

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NO. 3, JULY, 1886**

d. C. Lane
with compliments

CONTRIBUTIONS FROM THE OPHTHALMIC CLINIC
(No. 3.) MEDICAL COLLEGE OF OHIO (July, 1886)

David DeBeck

HARD CHANCRE

OF THE

EYELIDS AND CONJUNCTIVA

BY

DAVID DEBECK, M.D

ASSISTANT TO THE CHAIR OF OPHTHALMOLOGY

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INAUGURAL DISSERTATION

PRESENTED

(ON BEING PROPOSED FOR MEMBERSHIP)

TO THE

American Ophthalmological Society

JULY, 1886

22d Annual Meeting, New London, Conn.

GRADUATED
HUGHES HIGH SCHOOL
(Cincinnati, O)
1874
MEDICAL COLLEGE OF OHIO
March, 1881
Assistant, Ophthalmic Clinic
1881
Student in Europe
1882-1883
Strassburg, Bonn, Göttingen
Vienna
Assistant to the
CHAIR OF OPHTHALMOLOGY
MEDICAL COLLEGE OF OHIO
1884 . . .

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1886

PREFACE.

HONORED COLLEAGUES:

The Constitution of the American Ophthalmological Society, as now amended, requires of candidates for membership that they "*shall have been engaged in the practice of Ophthalmic Surgery for at least five years, shall have given evidence of satisfactory scientific attainments, etc.*"

With older and well known men applying for membership, this latter requirement can readily be ascertained. With younger, unknown men, I would most respectfully suggest that there can be no better way to produce this "evidence," or at least the youthful *promise* of such attainments, than to expect from such younger applicants a specimen fruit of their labor. This may consist of something in the way of original investigation; some point worked up in a monographic way, or the accurate records of some careful clinical work. It is in this sense that I beg permission to lay this modest essay before you, hoping it may prove a letter of introduction to your honorable ranks.

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I wish here to express my heartiest gratitude to the various persons who have so very kindly aided me in the proper preparation of this paper. In the first place to those authors who have supplied me with additional details in cases where the original publications were in some way incomplete. These cases are indicated in the "table" by an asterick * being prefixed (as 39 * Wecker, etc.). Again my very warmest thanks are tended to those observers who have been obliging enough to place in my hands unpublished cases of their own for publication in this paper (table B). I can only lay claim to a certain amount of industry in the collection of the material for this paper; but to their kindly courtesy is due the only feature in which this paper can lay any claim to being an addition to our fund of knowledge. To all these I feel under very deep obligations.

CHANCRE OF THE EYELID.

Having had the opportunity of witnessing a case of true hard chancre, or the initial lesion of constitutional syphilis, which appeared upon the eyelid, my attention has been specially directed to this subject.

Finding the references to this subject in any one author, with very few exceptions, exceedingly meagre and unsatisfactory; and yet finding quite a considerable amount of fragmentary material scattered through numerous widely separated, and in many instances not very readily accessible sources; I have thought that it might not prove unprofitable to gather this material together, tabulate it, and draw what conclusions from it seemed warranted. For introduction I may present the case that has come under my observation.

John C. (Aet. 26). First seen at the Clinic in the summer of 1881. He was a healthy, robust young man. On examination he was found to have some catarrhal conjunctivitis on the right side, and some indications of marginal blepharitis on both sides. On pulling down the lower lid of the right eye, a curious ulceration was discovered situated at the junction of the outer and second quarters.

This began at the lid-margin, which it involved to an extent of about 2 mm. and spread on to the tarsal conjunctiva. It was a rather regular oval, 3 mm. \times 5 mm., with its long axis at right angles to the lid-margin. Its edges were rather regular and sharp; its floor was covered with some grayish-yellow debris and secretion. Its base was distinctly indurated. The conjunctiva was considerably congested, but the lid was only slightly swollen.

In my youthful inexperience I missed the diagnosis entirely. The young man, although a Clinic patient, was a very intimate personal friend. I knew him to be a young man of unimpeachable honor and morals; married a little over a year to an estimable girl to whom he was devotedly attached; and any idea of syphilitic infection did not

enter my mind. I took notes and made a drawing (Pl. Fig. 1); prescribed for him a salve of the yellow oxide of mercury in vaseline (gr. v. to $\frac{3}{4}$ ss, very thoroughly rubbed up) and instructed him to come regularly for observation. In a day or two I heard that he had obtained employment which took him out of the city, and I did not see him again.

In the summer of 1884 he called upon me in private (he now being in comfortable circumstances). His blepharitis had continued off and on during the interval. I found him ametropic, and prescribed glasses to correct a compound hypermetropic astigmatism. I found at the site of the old ulcer a white, linear cicatrix, about 3 mm. in length.

I found his family physician to be a young colleague, and a mutual intimate friend (we had all three been school-boys together) and called upon him. I found that about five or six weeks after the first visit above recorded, he had attended this man's wife in confinement. This child is still living, fine and healthy. About one to two weeks after this, he found that this man presented a typical roseola; later buccal and pharyngeal mucous patches developed; there followed general glandular enlargement, etc., in fact most typical secondary symptoms. He remembered the case so well from the impress it had made upon him owing to his utter inability to find any trace of the initial lesion. The man denied most emphatically any opportunity for infection, and he had examined his mucous surfaces most carefully, even using a lens, and failed to find any sign of cicatrix or induration. His conjunctiva he did not think of, for he had been using the salve regularly, and his lids never looked better. This *confrontation of physicians* cleared up the matter. The man took mercury regularly and conscientiously for an entire year, and no symptoms have since appeared. A child born in 1883, however, was weak and puny, had unquestionably congenital syphilis, and died when a few months old. A child born in the fall of 1885 seems perfectly healthy to date.

Inquiring as to possible sources of infection I found that at the time of his first visit, this man, although down in the world, had on his hands an invalid brother with a wife and child, and a young, shiftless brother of his wife's. The only way in his humble quarters to dispose of this crowd for the night was by putting the two women in one bed, and packing the three men in another, (and '81 was a scorching summer too). I found from other perfectly reliable sources that this young brother-in-law, at that time, was suffering from severe, pronounced secondary symptoms. This was the only probable source of inoculation found.

FREQUENCY.—The question of relative frequency is of interest from two standpoints: from the standpoint of the syphilologist it is of interest to determine approximately with what frequency among cases of syphilis the initial lesion occurs at this point; and it is of interest to the ophthalmologist to ascertain with what frequency, among cases of diseases of the eye, the chancre of the lids occurs.

		Chancres	Extra-Genital	Cephalic	Eyelid.
Sturgis.....	Various authors	1646	273	199	4
Mauriac.....	" "	1773		50	2
Jullien.....	" "	1977	126	87	2
Fournier.....	" Etude sur le chancre ".....	472	27	18	1
".....	" Etude sur le chancre cephalique ".....			89	2
Clerc.....	" Traité des Maladies Veneriennes ".....	516	48	26	1
Bassereau.....	" Affections de la peau symptomatique de la syphilis ".....	373	25	19	0
Martin <i>et al.</i>	" Accident primitive de la syphilis constitutionnelle ".....	164		16	1
Rollet.....	" Traité des Maladies Veneriennes ".....	130	41	13	0
Carrier.....	" Dict. Encyclo. des Sci. Med. ".....	130	31	13	0
Bureaux.....	1ere Ser. Tome 15.....	126	27	13	0
Ricord.....		700			4
Pasch.....	Statistics du Midi.....	2000		26	1

Of course, in such a question, any thing like a percentage can not be established; but speaking approximately, a chancre of the lids might be reasonably expected to occur once in five hundred cases. This is based, of course, almost entirely on French figures; Zeissl among 40,000 cases of syphilis had seen only eight cases of syphilitic ulceration of the lids, and apparently only two of these were the initial lesion. Boeck, of Christiania, among 2,344 cases of syphilis had seen one hard chancre of the eyelid.

The occurrence of the ocular chancre among eye-diseases in general is even less readily determined. Nagel-Michel's "Jahresbericht" can not spare space to tabulate the individual diseases, and I am not in position here to have access