

### Radium in Tumor of the Eyelid

"Nothing so nearly resembling the marvellous has it been my fortune to see in surgical work," says Abbe, of New York (*Archives Roentgen Ray*, London, February, 1910), in describing how a tumor of the lower eyelid yielded to the application of radium. The case was that of a man, aged 45. The tumor had been growing for twelve months, involving two-thirds of the lid, and forming at last a mass in which all semblance of the lid and lashes was lost. It resisted treatment by X-ray experts and ophthalmologists. A section was taken from its centre and showed small-cell sarcoma. The patient was offered to Abbe that radium might be tried before excision of the lid. Strong radium in glass tubes was placed upon it four times during one week, the eyeball being protected by a thin lead shield. Week by week, without any more applications or treatment of any kind, the tumor melted away. At the end of eight weeks it was absolutely gone, and there has been no recurrence. To-day it would be impossible to say which eye was affected, save for a slight linear nick in the edge of the lid, where a bit had been taken for microscopic study. Abbe suggests, rather picturesquely, that the tumor was possibly a development of some intercellular, unrecognized, ultramicroscopic reticulum, and that this riotous cell-growth was beaten back into orderly life by the play of electrically-charged radium atoms.

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### The Latest From Von Pirquet

Speaking before the Philadelphia Pediatric Society a few weeks ago on the latest development of his cutaneous tuberculin test, von Pirquet made some interesting and practical observations. There are new and authentic records of 328 cases of children previously subjected to this test. Of these 124 gave a positive reaction and examination showed tuberculosis in 123 of these 124 cases. In general the re-action is very intense if the infection has just started or has recently made progress. Further than this a positive reaction does not go in giving information as to the amount of damage done. One small gland may be infected or a whole lung may be breaking down.

The negative reaction is less conclusive. As in typhoid and the Wassermann test for syphilis, antibodies may not be present in large enough quantity to give the reaction. It is more often lacking than in emaciated patients, in the later stages of miliary tuberculosis and tuberculosis meningitis. Curiously enough the