alimentary rather than the respiratory tract that such entrance is obtained.

A remarkable and striking instance of a malignant growth (round-celled sarcoma) following directly upon a blow came under my notice not long ago. A farmer and his servant returning one night from a horse fair, where they had concluded a rather sharp bargain with some gipsy dealers, were attacked by the latter, who thought they had been cheated. In warding off a blow aimed at his master, the man received a heavy stroke from a cudgel upon his right arm just below the shoulder. The result was a large hæmatoma, which after five weeks was still as large as a hen's egg. After this time the swelling ceased to diminish, but, on the contrary, began to get larger again. It was at this stage that I first saw the man, and found an elastic swelling in the position of the hæmatoma, but which felt exactly like a soft growth. Later on I sent the man to the General Hospital, Birmingham, where he came under the care of Mr. Barling, who made an exploratory incision and a diagnosis of sarcoma. Amputation at shoulder-joint followed, but unfortunately there was a recurrence some months later. The growth proved to be a soft, round-celled sarcoma.

Other instances in which a malignant tumour followed directly upon an injury might be quoted, but it would be hard to find a clearer example than the foregoing.

In going through the reports received by the Committee from the various districts, it was noticed that in a number of instances second cases were mentioned as having occurred among those in close constant association with an earlier case. Dr. Law Webb's report contains an example of this, which will serve to illustrate this point. In a series of cases, A., B., and C. living near each other, A. died of cancer of the uterus; B., who waited upon A. in A.'s last illness, died of epithelioma of the mouth. A woman who waited on B. died of cancer of the breast. A man lodging with A. died of epithelioma of the larynx. C., who lived near A. and B., died of epithelioma of the mouth, and his son, also, some time later of epithelioma of the mouth.

The following case came under my own observation not long ago: A man suffering from cancer of the rectum was nursed after colotomy during the last six months by his daughter, aged 38. After his death she left home, and went to live in another neighbourhood. Some eight months later she came under my care with symptoms suggesting partial intestinal obstruction. Two months later the obstructive symptoms became pronounced, and nodules appeared in the skin of the abdomen. She died shortly after of a growth involving the descending colon. Are these cases mere coincidences, or do they indicate the existence of a definite contagion, though perhaps one of a very low degree of infective power? Time and careful observation, and recording of observed facts alone, will answer this question; meanwhile we are bound to keep an open mind.

NOTE.

¹ A condensed analysis of these 5,000 cases appeared on pp. 40-41 of the Report referred to (*A Contribution to the Ætiology of Cancer*. Hall and English, Birmingham).

ERYTHEMA MULTIFORME AND VACCINATION.

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In the *Scottish Medical and Surgical Journal* (April, 1901) I published a short note, with an illustration, of a case of Erythema Multiforme closely resembling Small-pox. The difficulty of diagnosis was considerable, but we were greatly aided by the fact that the patient had been successfully vaccinated four weeks previously. It did not occur to me to connect the vaccination with the skin eruption. Since then four other cases have come under my observation, all of them recently vaccinated, and all showing features which seem to make it certain that the vaccination was causally related to the eruption. Curiously, with one exception all occurred in persons more or less directly connected with the medical profession—doctors, students, or nurses.

My second case was that of a Queen's nurse, whose hands presented an absolutely typical picture of erythema iris. On questioning her, however, I found that the legs were also

affected, and that the eruption spread up the arm beyond the usual limitation of erythema iris. When she removed her dress the vaccination lesions presented an appearance quite out of keeping with the time which had passed since the operation was performed. Although a month had elapsed the scabs were still moist, and they were surrounded by a raised erythematous patch of the same character as the eruption elsewhere.

The other cases were possibly not so perfect in their mimicry of the real disease, but having become familiar with the condition I had no difficulty in recognising them. All presented certain features in common; all were vaccinated with glycerinated lymph, and in all of them the early course of the vaccination was uneventful. In three of the five cases there was nothing more than a slight feeling of *malaise*. The eruption developed always on the hands and the face, but on other parts as well. At the same time the vaccination area showed evidence of fresh activity. In two cases the scabs had fallen off, and apparently all was over, but coincident with the eruption fresh vesicles developed on the part, just as if the patient had again been vaccinated. The course of the erythema was uneventful, the eruption rapidly disappearing.

I have since discovered that I had overlooked a reference to this condition, which was incidentally mentioned in a discussion at the meeting of the American Dermatological Association last summer, which was published under the heading "Bullous Dermatitis in Children." In the discussion, Bowen of Boston gave notes of five cases following vaccination. He noticed the tendency to appear on the backs of the hands and feet and on the face, and he suggested that the condition was allied to dermatitis herpetiformis. White of Boston drew attention to the fact that the lesions appeared on regions most exposed to autoinfection. Corlett had noted bullous eruptions appearing after vaccination, but had regarded them as closely related to impetigo. It is interesting to note that he had stated he had never observed the eruption after the use of glycerinated lymph. Gilchrist mentioned a case occurring at the Johns Hopkins Hospital, where a diagnosis of herpes iris had been made; the temperature in that case rose to 103° F. One of the lesions was excised, and sections suggested the presence of a toxin circulating in the blood. Other cases of erythema following very shortly after vaccination were referred to. These are obviously not the cases which have come under my care. Many of the American observers noted, as I did, that the vaccination wound had entirely healed before the eruption appeared; and I certainly incline to adopt the suggestion of Gilchrist that a toxin is produced which, circulating in the blood, produces, as many toxins do, that form of erythema which we know as erythema multiforme, and especially that variety described as erythema iris. I have heard of two other cases apparently similar, but it seems incredible that there have not been many more, and it would be interesting to know whether any particular stock of lymph is especially liable to be followed by such an eruption.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

A CASE OF HÆMATEMESIS OCCURRING IN THE COURSE OF APPENDICITIS.

It was with much interest that in the *BRITISH MEDICAL JOURNAL* for February 23rd I read a short account of the communication made by Professor Dieulafoy (Paris) before the Académie de Médecine, reporting 6 cases in which hæmatemesis occurred in the course of appendicitis. A case exactly similar in every respect, except that there was a previous history of gastric ulcer, has lately come under my notice; and as the subject is one of considerable importance, I have ventured to submit the following notes:

D. B., aged 19, had two years previously suffered from what was considered to be gastric ulcer, unaccompanied, however, by any signs of hæmatemesis. From this she completely recovered, and from that time until February 8th, 1901, she enjoyed very good health with absolutely no symptoms indicative of any gastric trouble. On the afternoon of this