SUGGESTED AUTOINOCULATION OF A RODENT ULCER.

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IN view of the interest attaching to the autoinoculation of malignant growths the following case may be worth recording:

F. L., a woman aged 71, was admitted to the wards of the Surgical Unit, St. Thomas's Hospital, under Sir Cuthbert Wallace, suffering from a large ulcer over the spine, in the sacro-iliac region. The ulcer, which on admission was about four inches in diameter, was preceded by a small itching papule about five years previously; it steadily increased in size and commenced to ulcerate about one year before the patient's admission to the hospital. As seen in the ward, the ulcer presented a hard, raised edge and was diagnosed clinically as an epithelioma.

The patient also showed a small ulcer on the left upper lip, clinically resembling a rodent ulcer. The history in regard to this was that the patient had been bitten at this spot by a dog about a year previous to admission. The wound healed to a certain extent, but then broke down, and had since remained as a small, slowly growing ulcer.

Both ulcers were excised by Mr. W. W. Wagstaffe, and on examination both proved to be rodent.

Up to a short time before admission the patient had been in the habit of herself dressing the ulcer on her back, and it is easy to understand how cells could have been carried from it on the patient's fingers to the fresh raw surface on her lip resulting from the bite. It is not suggested that there is any absolute proof that inoculation occurred in this way; cases of multiple rodent ulcer, where there is no question of autoinoculation, are common enough, and this may have been one of them. On the other hand, the coexistence of the original ulcerating growth and of a raw surface on an easily accessible place like the lip established a state of affairs very favourable to inoculation, and that such inoculation occurred may at least be regarded as highly probable.

The literature in regard to autoinoculation of malignant growths was very fully reviewed by Shattock and Dudgeon¹ in 1914. They record two cases, one reported by Butlin and one by Schimmelbusch, in which the evidence for autoinoculation by means of the fingers is so strong as to be almost conclusive. One of these cases was an epithelioma; the nature of the growth in Schimmelbusch's case is not mentioned. No instance of suggested autoinoculation of a rodent ulcer occurs among those collected in Shattock and Dudgeon's paper.

REFERENCE.

¹ *Proc. Roy. Soc. Med.*, viii, 1915 (Path.).

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PERNICIOUS ANAEMIA: REPEATED DOSES OF CALOMEL: RECOVERY.

THREE years ago I attended a married lady, 37 years old, for anaemia. There was no haemorrhage to cause it. The complexion was lemon-coloured. The number of red corpuscles was about three-fifths of the normal, the colour index was above normal (1.25), and there was poikilocytosis. She got steadily worse in spite of arsenic and other tonics, until she was confined to bed. As she complained of the irritation caused by passing uric acid crystals, of which there was a considerable amount, the arsenic was stopped, and she was given 2-grain doses of calomel at first twice a week for six weeks, afterwards once a week for another six weeks, and finally once a month; she has kept on with the monthly dose until the present time.

The improvement after a few doses of calomel was marked. The uric acid crystals disappeared, and the anaemia steadily improved.

With the exception of some red bone marrow tabloids, after she had begun to improve, and some soda mixture for dyspepsia, she had no other drugs. At the present time she feels and looks quite well. Blood smears sent to the Clinical Research Association were reported on as follows:

"A differential count of the white blood corpuscles gives the following result:

Polymorphonuclear neutrophils	...	32 per cent.
Small lymphocytes	...	62 "
Large lymphocytes	...	4 "
Eosinophiles	...	0.5 "
Mast cells	...	0.5 "
Myelocytes	...	1 "

"The red blood corpuscles seem to have a fairly high colour index. They vary considerably in size and very appreciably in shape.

"Megaloocytes are very common. Microcytes and poikilocytes are also seen.

"Diffuse basophilia is seen fairly frequently, and nucleated forms are present in the proportion of one megaloblast per 100 leucocytes.

"No normoblasts were seen. The films gave an impression of a fairly well-marked leucopenia. These films are very suggestive of pernicious anaemia."

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TARTAR EMETIC FOR VENEREAL GRANULOMA.

IN the BRITISH MEDICAL JOURNAL of November 30th, 1920, Dr. H. Lovett Cumming of Shanghai strongly advocates the use of intramuscular injections of tartar emetic in early cases of venereal granuloma. Might I venture a plea in favour of the intravenous route, both on account of simplicity and of the excellent immediate results both in early and late cases?

All my cases have been native Papuans. During the past eight months I have treated 84 cases (40 males and 44 females); in every instance the patients left the hospital apparently cured after a course of intravenous injections of tartar emetic. It has been impossible to trace the after-history of the majority, so that no statement can be made as to how permanent these results may be. However, four cases seen six months after finishing the treatment showed no sign of relapse. On the other hand, three cases definitely relapsed within two months of finishing the injections; these three cases received a second series of six injections. One of these cases four months after the second series shows no signs of relapse, and the smooth, healthy condition of the scars would lead one to believe that the cure is permanent.

Method.

A solution of 1 per cent. tartar emetic in distilled or rain water is filtered and boiled for two minutes. The injection is given on the same day with a 20 c.cm. Record syringe; 10 c.cm., containing 0.1 gram, is given twice weekly for ten injections; an interval of ten days is allowed to elapse, and then five more injections are given. In the case of men the dose can be increased up to 15 c.cm., containing 0.15 gram, without any very troublesome reactions, but 0.2 gram seems to be a dangerous dose to give as a routine. Acute antimonial poisoning developed in one case after such a dose.

The injections were given generally into the veins of the arm. Any extensive leakage into the subcutaneous tissues resulted in a most painful swelling with much oedema, which subsided in about two weeks without suppuration.

"The beneficial effects of this treatment are apparent after two injections—that is, at the end of the first week. The rate at which new epithelium covers the raw ulcerated surfaces is remarkable. Islets of epithelium dotted here and there over the denuded area spring into existence. In the extensive cases of long standing new epithelium grows out from the anal margin and urethral orifice.

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THE PRIMARY ORGANISM IN CULTURES.

The following may be of interest to some of your readers:

A short time ago I was asked to investigate a small epidemic of cases showing the following symptoms: (1) Pains in the limbs, (2) headache, (3) pyrexia, (4) slight sore throat. Cases in all stages, from the acute to the convalescent, were examined.

Stained smears from cultures of nasopharyngeal swabs of the early acute cases showed a pure culture of a Gram-negative coccus. Cultures of the rest showed a variety of organisms, among which was the Gram-negative coccus. On taking smears from the pure cultures two days later, I found that the Gram-negative coccus was dead and staining very faintly, and that what before appeared pure cultures