THE TREATMENT OF ORIENTAL SORE.

By Lieutenant W. G. AVISS.

Royal Army Medical Corps.

In the article on this condition in Allbutt's "System of Medicine" (1907), by Lieutenant-Colonel Firth, R.A.M.C., one finds:—

"The ulcerative stage may last for months, the indolent nature of the sore and its intractability to treatment being characteristic."

This all depends on the treatment adopted. Of the intractability when the usual methods are adopted there is no question, and this is exemplified in the two cases here mentioned. That healing is rapid and complete if the treatment devised by Mr. C. J. Lincoln, of the Indian Service Medical Department, is used, is clearly shown by the same two cases.

Gunner C. came under my care in Quetta, where the disease is very common, early in October, 1909. He then had a typical Oriental sore on his left forearm, about an inch in diameter, round, with raised edges, the floor covered with feeble granulations, and exuding much pus. The pus tended to form a scaly scab over the ulcer, and from under the edges of this scab pus exuded.

When the scab was removed the ulcer was just as it had been before the scab formation. The ulcer had been in this condition for nine months, and the patient had been under treatment all the time.

Gunner W., who came to me at the same time, presented an almost exactly similar sore, the situation, on the right leg just below the knee, alone being different. He had had this for two months, and also had been treated all the time in hospital.

The sores were cleaned up by wet dressings, and an ointment of quin. sulph. (10 per cent.) was applied. This treatment was continued for three weeks without the slightest benefit.

I then tried painting with tincture of iodine. This did no good.

Other ointments of an antiseptic nature (e.g., nitrate of mercury) of varying strengths were tried. They did no good at all.

Towards the end of November, as there was absolutely no improvement, the ulcers were thoroughly scraped with a Volkmann's spoon and pure carbolic acid was applied. After this the ulcers were dressed twice daily with warm boric fomentations. In a week's time they were in exactly the same condition as before the scraping.

They were scraped again and treated with carbolic acid twice in December. There was no improvement at all.

Thus, after three months, in spite of all the usual text-book treatment, there was not the least improvement.

Early in January, 1910, Mr. C. S. Lincoln, I.S.M.D., asked me to try an application he had devised.

This consists of a dark green fluid prepared from a very dark green gummy exudation dried in and mixed up with the leaves of the tree from
which it is obtained. It is called "rausath"—as far as I can imitate in English the native pronunciation—and is sold by native grocers in the Bazaar.

The fluid is painted over the sore and allowed to dry. No dressing is put over the dried paint. Every day a fresh coat is painted over the old one.

In a variable time a scab consisting of dried pus, epithelial and connective tissue, débris, and dried paint, comes away, leaving a perfectly healed scar. In the two cases under notice this pleasing result occurred after fourteen and sixteen days respectively.

Mr. Lincoln, to whom any credit there may be for the treatment belongs, tells me that this invariably occurs, and that he has not met with a single instance where it has failed.

Should this method prove as beneficial in other hands it will not be necessary in future to remove patients from the endemic area to the hills, as recommended by Lieutenant-Colonel Firth in his article on Oriental sore, and the number of morning sick will be considerably decreased in many Indian stations.

ANGIO-NEUROTIC ÓDEMA WITH A RECORD OF TWO CASES.

BY CAPTAIN C. R. SYLVESTER BRADLEY.
Royal Army Medical Corps.

This disease is so seldom met with in the Service that I feel sure a report on two cases which have come before my notice during the past two years may be of some slight interest.

The occurrence of transient vascular phenomena such as periodic flushings, erythematous patches, urticaria, tache cérébrale, &c., have long been recognised as connected with patients of neuropathic or hysterical tendencies, and especially in women at times when the vaso-motor system is unbalanced or upset, as for instance, the menstrual period and climacteric. In 1892 Bauke drew attention to a "circumscribed œdema," which sometimes occurred suddenly in patients with some neuropathic tendency, in which the œdema was painless, and subsided after a day or so, leaving no bad results. It is this "circumscribed œdema," or, as I think more suitably termed, "angio-neurotic œdema," that my two cases illustrate. My first case is not of any particular interest, as my notes are only of the briefest, and would doubtless never have been published had not Case 2 occurred.

Case 1.—Hospital Assistant, I.S.M.D., aged 27, reported sick on April 3rd, 1907, with an œdematous condition of the left side of his tongue and adjacent cheek; it was quite painless, and had "come on" suddenly during the night. He had never had it before. On examination some...