CASE OF ORIENTAL SORE (BAGHDAD BOIL),

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Lieutenant G. N. G. was admitted into hospital under my care on July 31 last, suffering from the above complaint. His history is as follows:

In December, 1914, whilst employed as a mechanical engineer in the Persian Gulf, he was taken prisoner by the Turks and sent across the desert to Aleppo, a journey of five hundred miles. His food consisted of dates, burrhl, hard-boiled eggs, and very occasionally meat. He left Aleppo on January 9, i.e., towards the end of the date season, and three or four days later noticed a pimple on the right cheek for the first time. About March the swelling on the face, which had increased in size, began to discharge a yellowish material. During this time his general state of health had been good. He reached Tarsus at the end of January; on this journey he lived chiefly on tinned food. On his arrival at the latter place he had an attack of diarrhoea which lasted five days, and he then noticed a red spot on the right forearm.

On his return to England about June he began to feel depressed, had a disinclination for food, occasional retching in the early morning, feeling dull, and taking no interest in things generally. He also suffered from severe frontal headaches. During his stay in Tarsus he suffered from intermittent attacks of high temperature, which have occasionally occurred up to the time of his admission.

On admission, a healthy-looking man, aged 36, with a sore on the right cheek, the centre of which is scabbed over with a very thick covering with a depressed centre. On lifting the scab a little blood and thick pus escapes. The scab is oval in shape, about the size of a sixpence, around the sides and at the lower part are three or four layers of a thin flaky material. Surrounding the whole scab is a somewhat thick indurated tissue extending up to the lower eyelid. The cervical glands are enlarged.

The sore on the right forearm is similar in appearance, but neither the scab nor the surrounding induration is as large as on the face. At the upper part of the right axilla a very small indurated spot is to be seen and felt, and the patient tells me that this is the manner in which the original sores developed. This spot he has only noticed within the last few weeks.

I decided to treat the sore on the face with CO₂ snow and to scrape the one on the forearm under an anaesthetic. I obtained my pencils from a local chemist and found that they lasted on an average well over half an hour.

The following notes show the results I obtained: August 4: First application with CO₂ pencil, duration, one minute. Has not felt so well and has vomited after his breakfast. August 7: Second application.
The induration has decidedly diminished since the first application and the scab is smaller in size. August 9: The scab on the cheek has fallen off and there has been no discharge since. It has left a clean granulating surface through which hairs are growing. Dressed spot with boracic ointment and iodoform. The general condition of the patient has much improved. August 18: Another small scab has appeared on the cheek and a further application of a CO₂ pencil was made for half a minute duration, also an application was made to the spot on the axilla. August 28: The lower part of the scab on the face has fallen off and a further application has been made to it.

Two further applications were made, one on August 31 and another on September 5. I scraped the sore on the forearm on August 7, and dressed the wound daily with boracic and iodoform. With the exception of some induration the wound had healed by the 18th.

As the scab on the face had quite disappeared and showed no signs of return, and as the patient's general state of health had much improved, I discharged him back to duty on September 8, one month after admission. I examined him again towards the end of October and found all three sores completely healed. On very close inspection one can see an oval-shaped whitish scar on the face, but there is no trace of induration or of glandular enlargement. A similar appearance is on the forearm, and the spot on the axilla has quite disappeared. He states that he has never felt better and all traces of headache and depression have long since disappeared.

I examined several specimens of the pus, using Leishman's stain, and found numerous *Streptococci brevis*, also several mononuclear cells were present and a very few but good specimens of *Leishmania*. A culture from the pus produced after twenty-four hours a growth of *S. brevis*.

The case is of interest from two points of view—one its origin and secondly the treatment. The disease has been attributed to eating dates in the early date season, but in this case it was the late season in which the boil appeared. It has also been attributed to the bites of fleas, and in this case the patient had been frequently bitten and living under the worst possible conditions. He informed me that the disease is extremely common around Baghdad. Secondly, with regard to treatment, I think the best result was with the CO₂ pencils, the induration around the sore to which I applied it has completely disappeared, whereas the sore on the arm which I scraped has almost gone but there is still a very slight amount of induration to be felt.