NOTICE OF A FORM OF ULCER PREVALENT AT DELHI.

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The "Delhi boil" or "ulcer"—for it assumes the appearance of the former before it ends in the latter—has been known to be peculiar to Delhi as far back as authentic history can trace; and it is called by the natives "Arungzebe," after that monarch who fell a victim to this form of disease.

It prevails chiefly in the city of Delhi, being less common in the surrounding districts; and at Meerut, about forty miles off, it is unknown. Some places, even in the immediate neighbourhood of Delhi, the natives declare to be perfectly exempt from it, but this may arise in great measure from the population being comparatively few in number.

Various theories have been advanced as to the causes which give rise to this affection. Some attribute it to the influence of malaria; but it most frequently occurs in the winter season, when malaria does not abound. Others think that it arises from an impoverished state of the blood, caused by bad living and impure air; but it equally affects those who occupy good houses, live well, and use every means for the preservation of their health. The natives believe that it arises from the use of the water from the wells of Delhi, which is largely impregnated with salts, chiefly nitrates. In this opinion I am disposed to concur, as a similar form of ulcerative disease has been observed at Mooltan, and in many parts of Scinde, localities the water of which is impregnated with identically the same salts. The greater prevalence of the disease after the rains may also reasonably be ascribed to the rain-water which supplies the wells, taking with it, while percolating the soil, a large quantity of the salts, which, constantly entering the system, change materially the condition of the blood, and induce disease of a zymotic character. The affection appeared in the 88th Regiment, in June, 1859, the corps having arrived at Delhi in the preceding month of February. The men became affected with troublesome sores, which appeared in different parts of the body, and were found to be of a most intractable character. The number of men affected became greater as the season advanced; the greatest increase was from December 1859 to March 1860.

The cases are now (May) on the decrease, the number of admissions during April having been considerably less. From June 1859 to the end of April 1860, 114 men have suffered from this disease, while several of the officers, and many of the women and children of the regiment, have been similarly affected. Four re-admissions have taken place.

The disease first shows itself in the form of a reddish patch, with an
indurated and elevated centre over which the integument becomes smooth and shining, and then assumes a scaly appearance. A small pustule next appears in the centre of the patch, over which there forms a brownish crust, which is somewhat more depressed than the surrounding surface. This becomes gradually larger, particularly if irritated, and is accompanied by pain, and sometimes by a troublesome itching soreness. If the crust be removed, a raw, irregular surface is disclosed, which bleeds freely if roughly handled, and secretes a thin, greyish-brown fluid, more or less transparent, which, on coagulating, forms the crust of an ulcer that continues to extend itself usually in an irregularly circular form. Sometimes a thick crust of a greyish-white colour forms, the ulcer underneath being smaller, with less tendency to spread than when covered with the brown crust. The raw surface consists of flabby, irregular, fungoid-looking granulations, most luxuriant in the centre of the sore, and somewhat tender to the touch. It is at the centre that the reparative process begins to take place, by the formation of a thin pellicle of new skin which extends towards the circumference. This, being arrested by a raw, watery line of demarcation, becomes hard and dry, like parchment, and is at length detached, leaving a deep ulcer, from which flows a thin, brownish discharge, eventually forming a crust, as before-mentioned. The most common seat of this ulceration is the upper extremities and face; less frequently is it met with on the lower limbs, and but rarely on the trunk. No constitutional symptoms are observed during its progress. In some cases, the gums are pale, in others preternaturally red, the alvine evacuations and urine being usually of normal appearance. These ulcers are very apt to break out again; and, when healed, leave a depressed cicatrix, with somewhat elevated and indurated edges, the surrounding integument being scaly and of a purple hue.

Various modes of treatment, both local and constitutional, have been employed, such as the nitrates of silver and mercury; sulphates of zinc and copper; iodine, creasote, and the charred root of the castor-oil plant. Internally, there have been administered iodide of potassium, arsenic, the mineral acids, various tonics, and lime juice. These remedies have been attended with more or less benefit; but my own experience is in favour of destroying the surface of the ulcer, and also a small portion of the surrounding integument, with potassa fusa. On the separation of the eschar, a healthy granulating sore is obtained, which heals readily—the constitutional treatment adopted being such as the appearance and state of health of the patient indicate. I likewise have found the sulphate of zinc, in strong solution or in fine powder, most efficacious in producing healthy action in many of the sores. The strong tendency of this affection to return, renders any improvement which may have been obtained by treatment, in most cases, only temporary; and although the disease may become milder, or may cease for a time and appear to have worn itself out, I am of opinion that a change of climate alone affects its complete eradication from the system.