Clinical and other Notes

N.B.—These are twenty-four cases (which were discharged from hospital apparently cured after the usual tests) which show the possibilities of the treatment. The twelve acute cases admitted, and placed under treatment within a few days of infection, show an average period in hospital of thirty-four days. The chronic cases had been lingering on under ordinary treatment. The relapses had been under ordinary treatment elsewhere.

THREE CASES OF TROPICAL SORE.
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I think the following cases are of interest because they illustrate how effective a simple method of treatment may occasionally prove to be for a disease whose resistance to cure may be judged not only by the number of remedies recommended, but also by the elaborate technique sometimes considered necessary.

The line of treatment was that recommended by Byam and Archibald and others, but no details are given in any textbook I have seen.

Case 1. Pte. E. B. C.—Admitted to Military Hospital, York, on May 11, 1922.

History.—Served overseas in Basra and Baghdad from March 8, 1921, to January 26, 1922, when he embarked for the United Kingdom. Suffered from dysentery in November, 1921, and was treated with injections of emetine. In December, 1921, noticed a “red mark” on the right side of his chin; the mark gradually increased in size and eventually formed a “lump.”

He reported “sick” several times, and was usually treated with local application of iodine, with no beneficial results. The “lump” gradually increased in size, but did not ulcerate. He arrived in England on March 16, 1922, and was recommended by his father to treat the “lump” with oleate of mercury. This he did for two or three weeks without deriving any benefit. Subsequently he cut himself whilst shaving, and a purulent discharge from the sore followed shortly afterwards. Since arrival in the United Kingdom he has been in hospital as a query dysentery, and was posted to York on May 3, 1922.

Condition on Admission.—Red, inflamed area, about the size of a half-crown on the right side of the chin, a definite nodule could be felt with considerable induration; there was a scab in the centre of this area, and desquamating skin over the remainder; considerable enlargement of the submental gland and slight generalized adenitis.

On microscopic examination Leishman-Donovan bodies were detected.

Treatment.—Hot fomentations applied to sore to endeavour to clean the ulcer. On May 26, 1922, an ointment containing antimony tartrate two per cent made up with benzoated lard, spread on lint the exact size of the sore was applied morning and evening. The ointment caused considerable pain on the second application, and the following day the appearance of the sore was not encouraging. There were numerous bullae, some purulent, surrounded by a area of acute inflammation.

No more antimony was used, but the ulcer treated as an ordinary granulating wound. Healing was uninterrupted, and the patient was discharged to duty on
June 7, 1922, with only a slight scarring persisting, thirteen days after the application of the antimony ointment.

Case 2. Pte. W. C.—Admitted to the Surgical Division of the Military Hospital, York, for malunited fracture right wrist on July 28, 1922, and transferred to my wards on July 30, 1922.

History.—Served in Baghdad from October, 1920, until May, 1922. In April, 1922, noticed a small sore on the right forearm, but did not report sick, and received no treatment. The sore did not heal, and he was admitted to this hospital for surgical treatment of a malunited fracture.

Condition on Admission.—Typical granulating oriental sore on inner surface of right forearm, microscopic examination revealed numerous Leishman-Donovan bodies.

Treatment.—As the reaction was so severe in the first case, antimony ointment was only applied once daily; no severe reaction took place, and the sore did not make much progress. Subsequently the antimony ointment was applied twice daily until a severe reaction occurred; the sore then healed, leaving practically no scar. Patient was retransferred to the Surgical Division on September 30, 1922.

Case 3. Serjt. A. E. C.—Was transferred to York Military Hospital from a Military Hospital on October 24, 1922.

History.—Served in Baghdad from October, 1920, until March, 1922. In January, 1922, he noticed several small "pimples" on the back of his right hand and on his right elbow. After a week or so he reported "sick," and was given zinc ointment to apply, but he derived no benefit. On March 18 he went to Basra, and embarked for the United Kingdom on March 30, 1922. He arrived in England on April 28, 1922, and after a month's furlough reported for duty. The condition had been getting progressively worse, so he reported "sick" on arrival at his new station.

Various ointments were employed, and for several weeks he was excused duty and eventually admitted to a Military Hospital on September 27, 1922.

There he received various treatments, including paraffin collosol iodine but with no definite improvement, and he was transferred to this hospital on October 24, 1922.

Condition on Admission.—Typical oriental sore on the right elbow, two inches long and one inch wide, granulating and discharging pus, and a second sore over the dorsum of the carpo-phalangeal joint of the index finger of the right hand.

The exudate from both sores showed numerous Leishman-Donovan bodies.

Treatment.—When the sores had been cleaned up by means of fomentations, profiting by my experience in the first two cases, antimony ointment was pushed vigorously; after the third day a very severe local reaction occurred, very painful with severe blistering. Antimony was then discontinued, and the sores treated with lotio rubra; both sores had completely healed with a healthy scar within a fortnight.

The technique of this treatment presents no difficulties, but the patient should be warned beforehand that a severe reaction will occur, as the first case caused both the patient and myself considerable apprehension.

I am much indebted to Major A. N. B. McNeill, D.S.O., for examining the specimens and demonstrating the Leishman-Donovan bodies in each case, and to Lieutenant-Colonel R. L. Popham, R.A.M.C., commanding the Military Hospital, for permission to publish these cases.