ORIGINAL COMMUNICATIONS.

REPORT ON AN OUTBREAK OF FEVER (MILIARIA?) AT SEONI.*

By Surgeon-Major P. Cullen, M.D.,
Civil Surgeon, Hoshungabad.

The Hospital Assistant, Abdool Hakeem, in a vernacular *urzee*, having reported that a particular kind of fever had made its appearance in this town, partaking of the types of typhoid and typhus, and that he was unacquainted with it, I came down (19th and 20th June 1873) to see the cases myself, and to try and diagnose its type and species.

The first case, the Hospital Assistant states, was admitted on the 9th May. A workman of the G. I. P. Railway, who was attacked at Timurnee, was brought by rail when insensible. On reaching hospital he was quite comatose; eyes bloodshot; tongue brown, but no sordes on teeth; surface bathed in perspiration; pulse small and quick; and a peculiar rash on the body, the skin being somewhat roughened with small white points. This rash appeared to be extending downwards on the trunk, and finally reached the extremities; and as the rash died away, the outer cuticle peeled off in small scurf-like flakes. There was no particular irritation of the skin, but the severe symptoms seemed to be in the head, and there was obstinate constipation. After this, several other cases were noticed, the chief peculiarity being continuous heat of skin, with profuse perspiration; great prostration; small, weak, quick pulse; and this rash appearing usually about the sixth or seventh day: at first as a mere roughening of the skin, or as small elevated pimples, which rapidly presented a minute white point. It commences invariably on the neck and shoulders, and travels downwards. The fever does not subside on the appearance of the rash, but seems to increase when the rash reaches the abdomen. In three of the cases there has been delirium in all obstinate constipation, and in one, after the rash had disappeared, and the fever subsided, secondary fever set in, and boils and ulcers on the back, hips, shoulders, and lower extremities, occurred, and again delirium came on; and the patient is so weak that it is doubtful if he can recover.

I examined some six cases, and in a man, a woman, and one child, saw the rash, with its peculiar white points, very distinctly. In the man the fever was of fifteen days' duration; he was bathed in perspiration, and sitting down; his pulse was 100, counted twice. In the girl (of about 8 years) the disease was of eight or ten days' duration, and her pulse was barely countable; it was 120. The woman was recovering, and the epidermis peeling off as scurf. The man's tongue was slightly coated with a white fur, but the child's and woman's tongues were quite clean, and pale-looking. The other cases were more or less recovered. No deaths have occurred, nor any secondary fever, except in the lad above-mentioned. The Hospital Assistant states he finds great difficultly in getting the patients to take any description of food, and that the fever, whether treated or not, usually subsides on the 21st to 24th day. He has used saline purgatives, with calomel gr. i., pulv. antimon. gr. i., and soda gr. iij., every three hours, and afterwards stimulant mixture.

In this town is a Brahmin *poojaree* who has set up to treat this fever; he states he has seen a great deal of the disease in Marwar; that there they call it *panigiree*, and *moteegiree*; that the latter is a severer form of the disease, in which it lasts from 27 to 48 days; and that in *moteegiree* the eruption is large and pearl-like (hence the name), and is always accompanied by severe cerebral affections, and in many cases the glands of the neck and the tonsils become swollen, and the patient quite deaf; and when the disease reaches this stage, he or the *poojarees* in Marwar know of no remedies, and the patient invariably dies; but in the milder form of *panigiree*, as is now prevalent here, he treats all cases with *bajera* water, *i.e.*, a *kanjee* made by boiling *bajera* flour in water, and giving it quite thin, so that the patient can drink it: he does not allow any water, or any thing else, nor any salt, and does not give anything to open the bowels, but states purgatives are injurious; he carefully excludes the air, and states that the patients complain of but two things—pain in the head and in the loins; that there is no itchiness nor aching pains in the limbs, &c., but the thirst is very great, and the perspiration profuse from the first. He has treated some five or six hundred cases, and attributes the disease to a chill taken when the system is depressed and out of order. He says it attacks all ages and sexes alike, and that the fever is not dangerous, unless there is swelling of the tonsils and deafness, when the patients die, but he does not fear mere delirium. This man is very intelligent, and showed me three of his cases, and he is apparently treating much more of the disease than the Hospital Assistant, but does not do so for gain: as being a *poojaree* he will not take any remuneration; he freely tells what he knows, and asks for information as to how he should treat the severe cases with coma, swelling of the tonsils, deafness, and when secondary fever sets in. He gives the *bajera* water, because it is heating and the disease is due to cold, and he excludes the air lest a chill should drive in the rash, or check its progress.

In looking at the meteorological register kept at the Seoni Hospital, I find that there was no particular atmospheric disturbance during the early part of May, but that, if anything, the temperature was rather mild for the season of the year, being in a single tiled building, left quite open, 90° to 95° morning and evening; and this continued until about the 20th May, when the thermometer rose from 94° to 95° in the morning to 105° in the afternoon; and the heat is described by the natives as being overpowering and extending well into, and in some instances throughout the night, and seems to have lasted until the 8th June, when there was a heavy storm and a small fall of rain, with a heavier fall on the 10th, and a material change in the temperature. Since then this disease is said to be declining, and but few cases now exist in the town.

From the answers of two or three of the patients, it seems there is some slight itchiness, but the prostration seems so great that they do not notice this symptom.

Viewing the symptoms as given by the patients themselves, as given by the Hospital Assistant, and the answers to the questions of *poojaree* Ramanund, and after seeing the eruption in its various stages, I am led to believe this to be nothing more than a epidemic of miliary fever, and have told the Hospital Assistant to enter his cases accordingly.

SEONI MILIARY FEVER.

Questions.	Answers by Ramanund Poojaree.
1. What do you consider the cause of this fever?	A chill caught when the system is depressed and out of order.
2. Is it contagious or infectious?	No.
3. Does it attack any particular class or sex more than another?	No; attacks all sexes and all ages.
4. How long does it usually last?	*Moteegiree* from 27 to 41 days. *Paneegiree*, 9, 13, and 21 days.
5. Are there any critical days?	No.
6. Are there any critical discharges?	No.
7. Does the rash vary in appearance?	Yes; in some it is large, *Moteegiree*, in some small, *Paneegiree*, in others only a roughing of the skin without distinctive rash.

* This report has been placed at our disposal by the Surgeon-General, Indian Medical Department.

QUESTIONS.	ANSWERS BY RAMANUND POOJAREE.
8. What are favorable symptoms?	Rash; light fever; eruption on sixth to eighth day.
9. What are unfavorable symptoms?	Cough, or cough with blood; swelling of glands, of neck and tonsils; deafness; anasarcous swelling.
10. Does it attack any particular system?	No; sometimes the glands of neck are affected, otherwise it only affects the skin.
11. Does it occur as an epidemic?	No.
12. Is it endemic in Marwar?	No; but it occurs more or less every year.
13. What is your usual treatment?	Nothing but *bajera* water, *i.e.*, about half a *pow* in half a seer water boiled into *kanjee*, or water boiled. One seer boiled down to one-fourth; or when there is delirium, then ginger water. No purgatives, no salt, and carefully exclude the air.
14. Does the rash come out at once, or in successive crops?	No; commences on neck, and travels in successive crops downwards; and when it has passed the abdomen, the patient is safe.
15. Does the fever subside or increase on the appearance of the rash?	No; but rather increases as the rash passes from chest to abdomen.
16. Does the glandular system become affected; and if so, what part more particularly?	Only sometimes the glands of the neck, perhaps one in a hundred cases.
17. What diet do you usually allow, and are any articles prohibited, and why?	I allow nothing, but *bajera* water, unless the case be very mild indeed, when a little wheat flour *kanjee* may be given.
18. Does it occur at any particular season of the year?	No; it occurs at all seasons.
19. How long have you seen the disease in Seoni?	About 8 or 10 years.
20. To what do you attribute the secondary fever?	To irregularity in diet, &c., drinking cold water. The boy now suffering from ulcers drank a *ghurra* of cold water, and became delirious; another lad died in a few hours after doing so.

These are the questions I put to Ramanund Poojaree, with his answers opposite each; and although he states he has treated the disease for 8 or 10 years at Seoni, the Hospital Assistant states he has never seen such cases before, and the disease certainly has not been noticed either at Hoshangabad, Hurda, or Sohagpore.

HOSHUNGABAD, 23*rd June* 1873.

ROUGH NOTES ON THE COMMON FORMS OF SKIN DISEASE MET WITH IN CALCUTTA.

By Surgeon W. J. PALMER, M.D. and F.R.C.S.L.

(*Continued from page* 174.)

II. ALTERATIONS OF THE NAILS AND HAIRS.—Ninety-four cases have been recorded at the dispensary as *onychia*. It is probable that many, if not most of these, were cases of either hereditary or tertiary syphilis; no record, however, has been kept of the co-existence of other signs of syphilis. Among Europeans in India, a form of onychia is by no means uncommon, which is brought about by the adoption of the native method of cutting the toe nails. The lateral borders of each nail are naturally supplied with a sheath of dense cuticle, which fulfils the office of protecting the neighbouring fleshy parts from injury, even when habitually pressed by tight fitting shoes and when this protecting sheath is cut away, leaving in its place the sharp, cut-edge of the nail, the fleshy parts in contact become abraded, irritated, and inflamed, until angry sores are formed, which can only be permanently cured by cutting away half or the whole of the nail together with its roots.

The hair of Natives is not subject to disease, except the cryptogamic affections already referred to.

III. ALTERATIONS IN THE COLOURING MATTER OF THE SKIN.—Nine cases of *leucoderma* are more frequently brought to notice here than in London: first, because they attract more attention by contrast with the darker skin of the Native; and secondly, because there is an uncomfortable feeling, that they may be mistaken for leper spots; but whether they are really of more frequent occurrence, is doubtful. The characters by which they may be distinguished from leprosy have already been noticed.

Albinos are also seen occasionally among Natives, and probably in about the same proportion as in Europeans.

Vitiligo and *vitiligoidea*;—neither of these affections have come under notice in the two years.

IV. ALTERATIONS IN THE FOLLICLES OF THE SKIN.—When the normal secretion of the sebaceous follicles fails from any cause, the skin loses its soft, smooth texture, and assumes a harsh, dry condition, called *xeroderma*.

Such a state of skin is more frequently seen among the Natives of the North-West than in Bengal Proper, where the Natives are in the habit of annointing their bodies with oil. When this dry, harsh condition exists in a still greater degree, the epidermis is liable to crack, and assume a glistening and scaly appearance, to which the name

(*b.*) *Ichthyosis* is applied.—This condition occurs in various degrees, from simple, larger, or smaller scales of mere epidermis, to horny projections of the same, caused by enlarged papillæ; and to an extreme form which is characterized by the existence of thick heaped crusts of altered sebaceous matter and epidermic scales.

Examples of the milder forms have been seen amongst the North-Western people; and although the more severe form has not been met with during the past two years, it is known to occur among the natives of Bengal.

(*c.*) *Lichen* and *Strophulus*—the latter name being generally applied to this affection when it occurs in children. It is characterized by papular elevations of the skin, caused by enlargement of the sebaceous follicles, which present no tendency to ulcerate.

The simple forms have a natural tendency to get well of themselves; the syphilitic generally co-exists with other forms of skin disease; and that form, which belongs to the recurrent skin diseases, is frequently associated with sub-cuticular infiltration, rendering the skin hard and tough.

(*d.*) *Acne* is an inflammation of the same follicles, with a tendency to ulceration; it occurs chiefly on the face, and is most frequent amongst those living a life of celibacy. It is sometimes induced by the long-continued use of bromide of potassium, or ammonium.

It occurs both in Natives and Europeans, being more frequent amongst the latter.

(*e.*) *Molluscum contagiosum.*—The sebaceous follicles are not merely raised up, by the deposition of new tissue around and beneath them, in these cases, but are actually extended, becoming pedunculated and finally dropping off. No example of this affection has been met with.

(*f.*) *Comedo, strophulus albidus*, or *millium, steatomata*, and *meibomian tumours*, are all affections of these glands, but need not be further alluded to here.

(*g.*) *Lichen tropicus.*—Is the name given to a papular eruption, very common amongst Europeans residing in hot climates; it varies in intensity as the season is hotter or milder; occurring most abundantly on those parts of the body where the natural perspiration is impeded by the contact of clothes, and giving rise to a most troublesome itching. The papules are probably formed by congestion and enlargement of the sweat glands; in hot seasons of unusual severity such congestion proceeds, not unfrequently, to inflammation and suppuration, resulting in an extensive crop of boils.