

SICK PASSENGERS ON LINERS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—On a voyage by P. & O. some years ago there was a young Indian student in an advanced stage of consumption. He died before reaching Port Said.

He occupied a berth in B accommodation, in a cabin with three other passengers. On my representation he was removed during the last three days to a deck cabin; but his fellow passengers must have been exposed to considerable risk. I recently heard of a lady in the second stage of phthisis taking her passage by a liner, where she would of course be with other ladies, exposing them to risk. On communicating with two of the leading S. S. Companies both reply that under no circumstances are contagious and infectious cases received.

One states "All passengers are medically inspected before embarkation, and those found to be affected by a disease are not allowed to embark."

As a matter of fact this is not true, of that or any other leading company. The very stringency of the rule causes it to become almost a dead letter.

Probably scores of passengers in various stages of phthisis leave London, or Marseilles monthly in the autumn.

I would suggest that two steps are needed in the interest of the general public—

(1) That each passenger should furnish a medical certificate as to his or her state of health, with a penalty clause attached, for any willful misrepresentation.

(2) That there should be accommodation on certain steamers, at least once a month, by which phthisical or other possibly contagious patients might proceed from India to Europe, with all due precautions and every available sanitary safeguard for the health of other passengers.

A. NEVE, F.R.C.S. (ED).

DENGUE AND SEVEN-DAY FEVER.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I am much obliged to you for the opportunity to peruse the proofs of the paper in which Captain Megaw, I.M.S., further elaborates his theory that the disease I described under the name of seven-day fever is but a sporadic form of dengue. It would serve no useful purpose to discuss the matter again in detail as only the complete proof of a distinct causal agent in one of the diseases is likely to convince Captain Megaw, which further research can alone supply. I was myself the first to point out the superficial resemblances between the two diseases, and it was only after a careful study of the literature of previous dengue outbreaks in India and elsewhere that I finally concluded that they were quite distinct. Captain Megaw now mainly relies on the descriptions, under the title of dengue, of certain fevers in the Philippine Islands and the Punjab, as affording strong support to his theory. Recently I had the opportunity of discussing the former with Dr. Strong, the Director of the Philippine laboratories, and he agreed with me that the outbreak there was quite different from the older descriptions of dengue, and he appeared to be by no means certain that it was true dengue. I have previously pointed out that other outbreaks of seven-day fever have been described as dengue, so that the Philippine Island and Punjab ones may also have been seven-day fever incorrectly confused with epidemic dengue. If all these outbreaks are nothing but dengue, then one of two things must follow. Either the descriptions of the older writers on dengue must have been extraordinarily incorrect and incomplete, or the disease has entirely changed its type and epidemiology. Anyone who has read Twining's masterly description of Bengal fevers (including the earliest known account of typhoid in India) must at once dismiss the former hypothesis as utterly untenable. To assume the latter possibility without proof, as Captain Megaw does, is to beg the whole question. Every authority I know, who has had much experience of true dengue, including Sir Patrick Manson with a large China knowledge, and Professor Sandwith of Egypt, agree with me that it differs totally from seven-day fever. To these authorities may now be added Lt. Colonel Pilgrim, I.M.S., with a full acquaintance with undoubted dengue in its home in the West Indies, added to nearly twenty years acquaintance with seven-day fever in Calcutta, who has informed me, that the two diseases cannot be confused by one who really knows dengue. After all the question is one of purely academic interest, for no essential difference in treatment is involved. Call it what you will, the practical fact remains that until differentiated by me seven-day fever was hopelessly confused with other fevers in India, while now it is universally admitted to be the commonest fever among Europeans in Calcutta, whose recognition presents little difficulty after some experience, yet saves a great deal of anxiety by preventing its confusion with the much more serious malarial and typhoid fevers.

LEONARD ROGERS, I.M.S.

PHAGADENIC ULCERS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I read with much interest Mr. Patterson's article in the November number on phagadenic ulcers in Assam; for to his geographical distribution of this year epidemic I can add Gauhati. During the late rain, a large number of these ulcers were treated in Gauhati dispensary. The first cases, I recognised as something new. The diagnosis of "Naga Sores" was made by some of my staff who told me that such sores were well known in the Naga Hills and Lumingding.

The disease certainly came to Gauhati from the direction of the Naga Hills. The first cases came in for treatment by railway from Lumingding which is in the Nowgong district on the borders of the Naga Hills and from Dinapur which is in the Naga Hills. Later on the disease appeared to take root in a detached portion of Gauhati town known as "Pultan Bazar" situated close to the railway station. From this "bazar" several cases come for treatment, but the disease never spread to any other part of Gauhati town, or Kamrup district.

Mr. Patterson gives an excellent description of the disease and his photographs convey an exact and vivid picture of the condition. In fact they display a point which is omitted in the text namely that the sores are often multiple, in fact almost always. I have seen six or eight in one patient, all below the knee, and all in the same stage of development.

Another characteristic worthy of remark is the extreme painfulness of the sores. I have in my mind a clear picture of these unfortunate patients sitting in the hospital verandah nursing their legs and displaying in their faces the utmost misery and pain. They could not bear to have the sores touched and suffered greatly when they were dressed. Without mention of their feature, the disease, to my mind is incompletely depicted mental distress, without constitutional disturbance is very marked. It was generally easy to tell at a glance from the facial expression alone which were the new cases and which were those recovering under treatment.

My chief excuse however for this letter is the treatment which after trying several methods we finally adopted and found extremely successful in Gauhati. Under chloroform the ulcers were scraped and thoroughly swabbed with formalin. They were then dressed twice a day with gauze soaked in iodine solution (33 of tincture of iodine to 1 pint of water) applied as a moist compress. This was invariably successful and within two or three days the ulcer was lined with healthy granulations and on the road to healing. A few mild cases were cured by the iodine compress alone without the scraping and application of formalin.

I had formerly found both formalin and iodine very successful in arresting the spread of phagadenic venereal sores and this led me to try them in these cases. Possibly the gaseous nature of these disinfectants renders them more diffusible and more penetrating than others.

None of the ordinary antiseptic application except pure carbolic applied under chloroform had the least effect in checking the ulcers, and there were recurrences of the phagadenic process after treatment with pure carbolic.

Assistant Surgeon Hari Krishna Das has supplied me with some of the details mentioned above.

BARISAL,
Nov. 29th, 1908.

Your faithfully,
L. B. SCOTT, M.D., D.P.H.,
CAPT., I.M.S.

PHAGADENIC ULCERS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In a few villages in the district of Murshidabad and in the city proper there was an epidemic of phagadenic ulcer exactly resembling in description the ulcer described by Dr. R. L. Patterson in the *Indian Medical Gazette* for November 1908, and I like to corroborate his remarks from my experience of a few cases.

I had in this charitable dispensary in June 24, July 72, August 74 and September 16 cases of the ulcer. The circular and sometimes elliptical outline of the ulcer and its "grey base" are indeed very characteristic and I think the peculiarity in limiting its site only to the legs and feet not less so. All my cases had generally single and sometimes multiple ulcers on the leg and feet and none in any other region.

Almost 90 per cent. came from the villages grouped under the common name of Jhilpar and all of them were agriculturists — strong and healthy. The remaining 10 per cent. came from the city of Murshidabad and adjoining places under the municipality of Lalbag; all of these belonged to the labourer class, some debilitated. In my private practice I met with a case in a Muhammedan gentleman, a small zemindar. There thus seems to be no preponderance outbreak among the weak and famished but it seems to be confined to those walking on bare foot; though I cannot as yet explain myself how the Muhammedan gentleman got