

discharge, which later may become thicker and more turbid. Lieut. Murison also describes many minute blisters in the neighbourhood of the larger sore, from which when pricked no fluid escaped. This reads very like Captain Smith's statement that "around its spreading border are to be seen a row of points about the size of sudamina, somewhat hard," . . . and Firth says that the skin in the neighbourhood of the "Oriental Sore" is "marked by small papules and yellow spots, indicative of extension," and that it spreads by "the formation of fresh similar papules around it."

Lieut. Murison mentions the "multiplicity of the sores"—Firth says that the patient "may have as many as twenty; when multiple the individual sores are often not so large as when single." The "power of local contagion" noticed by Murison has been already referred to as existing in "Oriental Sore."

I append a table of the characters observed in the two forms of sores (those of "Veldt Sore" are drawn from the letters in the *British Medical Journal*.)

	"Oriental Sore."	"Veldt Sore."
Site .. ..	Dorsum of hands and feet, also face (and other parts).	Hands and legs.
Number .. ..	Usually single, but may be multiple.	Not mentioned (except in Murison's doubtful case).
Early stage ..	A papule.	"What would appear to be a blister."
Edge .. ..	Raised, thickened.	"Thickened blue margin"
Surface .. ..	"Sloughing cellular tissue," but when slough or crust is removed red granulation with crypts.	Pink granulations traversed by capillaries."
Discharge ..	First serous, then sero-purulent, then purulent.	"Serous" (Pridmore) "purulent" (Austen)
Growing part..	"The border is the vital part."	"The edge of the ulcer extends."
Course .. ..	"Slow in progress and may go on for years."	"Spreads at its periphery peeling up the skin."
Ætiology? ..	Almost certainly specific.	"Marked tendency to spread and extreme slowness in healing."
		"Of a specific bacterial origin."

Finally Firth says that "The appearance of the disease is not always uniform; it may stop at any phase, and it may assume a chronic character when in the popular or boil-like stage," . . . and this fact may, I think, account for the minor differences in the descriptions of the two sores. After careful comparison of these various descriptions it seems to me difficult to escape the conclusion that "Veldt Sore" and "Oriental Sore" are closely allied, if not identical

Yours, etc.,

W. ROTHNEY BATTYEE, B.Sc., M.B., B.S. (LOND.)

Captain, I.M.S.

LONDON ; }  
October 4th, 1901. }

### "A VELDT SORE: A CASE FOR DIAGNOSIS."

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Several sores very similar to the one described under the above heading by Lieut. Murison, I.M.S., in the September number of the *Indian Medical Gazette* occurred amongst the officers of the Somaliland Field Force during the recent expedition. They invariably began over the metacarpo-phalangeal joints as a small vesicle and were generally ascribed by the patient to a scratch from a thorn. In one case there were symmetrical sores over the metacarpo-phalangeal joints of both index fingers. In some cases they occurred on the legs too, but I believe these were due to contagion from the sores on the hands. If untreated the vesicles increased in size for two or three days (not so rapidly as in Lieut. Murison's case) and eventually burst leaving an angry-looking red sore, the epidermis being undermined for a little way round. The discharge was oily-looking serum sometimes slightly purulent. A scab would then form in the middle and the ulcer spread at the edges.

If scratched secondary sores generally appeared.

The treatment which I tried at first consisted in washing the sores, after removal of the scabs, with Lot. Hyd. Perchlor. 1 in 2000, and then dressing with iodoform and boric acid and cyanide gauze, arsenic being given internally.

Healing under this treatment was very tedious. The treatment which seemed to suit them best was boric fomentations till the sores were quite clean and then dry boric wool.

As regards their ætiology I think they were undoubtedly due to a micro-organism on account of the frequency with which secondary sores appeared, but as I had no microscope with me, I was unable to make any investigations on this point.

The thorn scratches probably afforded an entrance for the micro-organisms. I believe a scorbutic condition of the blood was also a factor in their causation as healing took place much more rapidly when fresh vegetables were obtainable.

Yours, &c.,

H. BOULTON,

Capt., I. M. S.

CAMP BORAO }  
SOMALILAND, }  
The 5th October, 1901. }

## Service Notes.

I. M. S. MEDICAL OFFICERS are reminded that the Annual I. M. S. Dinner will take place in Calcutta, probably on the Saturday after Christmas-day (28th December).

The exact date will be duly announced. It is to be hoped that a large number of medical officers will be able to attend. The last two annual dinners were great successes, and it is hoped that even more men may be able to attend this year.

THE report of Mr. Brodrick's Committee on the re-organisation of the R. A. M. C. has been very unfavourably received by those who are most interested in it, and who understand the wants of the department best. It is agreed on all sides that its redeeming feature is the raise of pay in the junior ranks, but why a Lieut.-Colonel in charge of a large station hospital should receive more pay than his P. M. O. and Colonel, is hard to understand. We need not repeat what the *British Medical Journal* has said, but the following extracts from the *Practitioner* (October) may be quoted:—"The report has been received with mixed feelings by the medical profession, there is clear evidence of good intentions and the disheartening fact of failure to carry them into effect. . . the report is on a contribution towards the repair of a department. . . the whole report is so crude, vague and inchoate that it is almost impossible to discuss it. . . the trail of the amateurish civilian is over it all, and the touching confidence in the powers that be in Pall Mall. . . is sufficient to show that it has been drawn up by men who knew nothing of the struggle between the Medical Department and the War Office, and did not take the trouble to make themselves acquainted with it. . . The Committee had not within itself sufficient knowledge or practical experience of the need of the service to make its ideas of reform of any particular value. . . It would seem that Mr. Brodrick, for some reason or other, studiously avoided consulting the experienced men he had at his elbow in the office of the A. M. S. . . . The central idea in the scheme is the creation of an Advisory Board, which is to "advise the Secretary of State, and "supervise" the R. A. M. C. On this Board the civilians have taken care that they shall be well represented, and it is even whispered that the wording of the clause referring to the appointment of two civilian surgeons and two physicians was very carefully considered so as not to exclude certain members of the Committee from a seat on the Board. In theory the idea of an Advisory Board is perfect, but it is doubtful how it will work in practice. The Board can advise, but the Secretary of State is not bound to take its advice. The Board, in fact, will be exactly in the same position as the chorus in the old Greek tragedies."

In reply to its own question—will the scheme bring candidates? Our contemporary goes on to point out that the arrangement by which not only an officer's promotion but the retention of his commission is made contingent on his passing a number of examinations, "is of itself sufficient to wreck the scheme." "Think of a man who had served 19 years and 11 months turned adrift at the age of 45 because he was plucked in an examination"! The right to retire on £365 a year after 20 years' service has hitherto been the greatest attraction to men to enter the service. . . "We venture to think the scheme as it now stands will find little favour with the officers of the R. A. M. C. and will fail to attract a sufficient supply of candidates. The truth is that, thanks to the War Office and to Mr. Burdett-Coutts, the service is under a cloud, and men who have any prospects in civil life do not care to enter it. What is the reason? It is partly the profound distrust of the officials who represent the Crown, engendered by past experience, and partly the better market to be found in civil life. If the Government wants the right kind of men it must make it worth their while to engage with it."

The *Practitioner* then goes on to make a suggestion—which is that as medical education is now very costly, and is likely to become more so; the State should seek to secure men of ability and character by offering them an education in return for an engagement to serve for, say, five years in the army.