

## The Indian Medical Gazette

### Fifty Years Ago

#### THE EMPLOYMENT OF SETONS IN THE DISTRICT OF BACKERGUNGE

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A custom, which is probably slowly dying out, prevails in the district of Backergunge, and also, I understand, in other parts of Eastern Bengal. This is the practice of wearing a 'seton' so as to maintain a permanently suppurating sinus, whereby the evil humours of the body may find an exit.

The vernacular name for the process is *gol*, and a person is spoken of as having or wearing a *gol*, but the word is not applied to the actual seton itself. For this, which is a piece of wood of the highly vaunted *neem* tree (*Melia azadirachta*), another word has been coined, *viz* *gooti*.

It is not easy to calculate the number of persons who employ this procedure, but I am probably nearly correct, after estimations made in the jail and elsewhere, that about 1 per cent of the adult male population choose to treat themselves thus. The habit is practically confined to old and middle-aged men. Children and young women are never subjected to it. I have so far seen in my peregrinations through the district, only one woman wearing a *gol*. She was a very ancient, rheumatism-crippled dame at Batajore.

Chronic rheumatism is the ailment, *par excellence*, for which this remedy is sought for by the patient and practised by the Kabiraj. But *gol* is also worn for other diseases, dyspepsia, 'spleen', and even for cataract. One patient whom I see often in the bazaar here, wears it for elephantiasis of the leg on the affected limb.

The following is the process of applying the *gol* :—

The situation generally favoured is the upper part of the left leg in front at a point about  $\frac{3}{4}$  of an inch to the outer side of the anterior border of the tibia and about  $1\frac{1}{2}$  to 2 inches below the level of the tubercle. A similar position on the right leg is more occasionally seen, and very rarely *gols* are worn on the outer side of either forearm in front about an inch or two below the elbow joint. The Kabiraj takes a piece of iron, less than  $\frac{3}{4}$  of an inch in diameter, and makes one end red-hot in a flame. He then pierces the skin at one or other of the above sites for the distance of about half an inch. A *gooti* of *neem* wood, shaped like a conical bullet with a

flat base, and which is about half an inch long and with a basal diameter somewhat less than that, is then inserted. A portion of banana or other leaf constitutes the dressing. The *gooti* is kept in its place by a single fold of cloth which is bandaged over it and tied on the outer side. The bandage is removed and the *gooti* taken out, washed and replaced by the wearer daily. *Gol* is often worn for years as some of the cases will show. Frequently, too, when a man is tired of wearing it on one leg, he allows it to heal up and has another made on the opposite limb.

Hindus and Mussulmans of every possible status are alleged to equally believe in this method of treatment, but the bulk of the cases that I have seen have been among the latter.

The custom is worthy of record, and in connection with it, it is interesting to note that it is not so many years since the use of setons was abandoned, if indeed it is altogether so, in Europe. Erichsen in his 'Surgery', seventh edition, 1877, mentions the practice, and in 1890 if not later, Professor Alexander Ogston commenced his class of Operative Surgery at Aberdeen by the operation of 'Inserting a Seton'.

The following are short notes of cases of *gol* which have come under observation :—

1. S. M., Mahomedan, aged 50. Had the operation of *gol* performed on himself nine months ago on account of rheumatism and has worn it ever since. The *gol* is in the usual position on the left leg. On removing the bandage and the *gooti*, the site is seen to be occupied by an ulcer about the size of a rupee with a smooth circular central depression about half an inch broad and  $\frac{3}{4}$  of an inch deep. At the bottom of the depression there is a little sticky ichorous pus. The edges of the depression are formed by raised pale weak granulations with externally a bluish-white layer of young skin endeavouring to grow over them. Around the ulcer the skin is tanned and discoloured from the constant presence of purulent matter.

*Continued overleaf.*

#### ERRATUM

#### USE OF D.D.T. AS A PLAGUE CONTROL MEASURE IN THE BOMBAY STATE

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In the above article published in the *I.M.G.*, 87, May 1952, p. 217, column 1  
read 'S. T. RODDA' in place of 'S. T. RODDE'  
and in p. 218, column 1, line 2  
read '1%' in place of '10%'.