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Comments on a Book of Hulusi Behcet with the Name of the Therapy of Oriental Sore with Diathermy

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Summary

Prof.Dr.Hulusi Behçet (1889-1948) is a famous Turkish physician. He translated many foreign articles into Turkish to help the education of new generations and published original case reports in the international reviews in order to make contact with foreign countries. Moreover, he published many books. He also studied on Cutaneous Leishmaniasis Moreover, Hulusi Behcet also published 126 national and international articles between 1921-1940. Fifty-three of those appeared in prestigious European Scientific Journals. Prof. Dr. Hulusi Behcet died on March 8, 1948.

We know that Cutaneous Leishmaniasis which is formed by parasites belonging to Leishmania genus and is infected with vector phlebotomus can be seen in many regions of the world and has been known in Mediterrenean Region and Middle East for centuries. But, the first scientific knowledge about Cutaneous Leishmaniasis' Epidemiology was seen after the eighteenth century. Many Turkish researchers like Celal Muhtar, Hulusi Behcet and some foreign scientists investigated some subjects about this disease. Leishmaniasis (Oriental Sore) was another disease which Dr. Behçet worked on, beginning in 1923. He wrote many articles about it and succeeded in its treatment with diathermy. He first described "the nail sign" appearing by the removal of the crust of an Oriental Sore. Hulusi Behçet wrote an important book with the name of the Therapy of Oriental Sore with Diathermy (Şark Çıbanının Diyatermi İle Tedavisi in Turkish) . This book is 23 pages. In this book , the therapeutical ways of Oriental Sore and some cases are present.Moreover , Dr.Behçet mentions diathermy in his book.

In this paper ,Prof.Dr.Hulusi Behçet's biography and his book with the name of the Therapy of Oriental Sore are stressed and some comments are pointed out.

Hulusi Behcet's Biography

Prof. Dr. Hulusi Behcet is a famous Turkish physician. He described Behcet's Disease. Moreover, he studied many topics on dermatology. Dr. Hulusi Behcet who was born in Istanbul on February 20, 1889 got his primary education in Damascus because of his father's business there.

His father, Ahmet Behçet, was a well known businessman and his mother, Ayşe Behçet, was also Ahmet's cousin. Hulusi Behçet lost his mother when he was a child and he was raised by his grandmother. His childhood was difficult for him and this gloomy state of mind had a detrimental influence on his whole life, leading him to become very introverted.

After the Turkish Republic was established and the "Family Name Law" was accepted, his father Ahmet Behçet, who was among the friends of Mustafa Kemal Atatürk, the founder of Turkish Republic, received private permission to use his father's name Behçet which had the meaning of shining, brilliant as a family name(1).

Hulusi Behcet learned French, Latin and German as a native speaker and his knowledge and curiosity led him to decide to become a medical doctor and he never regretted this decision.

At this time, because there was no civil medical faculty, Dr. Behçet pursued his education at Gülhane Military Medical Academy. He was 16 years old when he had started at the Academy, graduating at the age of 21 in 1910. After he had become a medical doctor, he specialized in dermatology and venereal diseases at Gülhane Military Medical Academy and he completed his specialization in 1914. He served at the Edirne Military Hospital during 1914-1918 as a specialist in dermatology and venereal diseases and an assistant to the head of the hospital. After the war between 1918-1919, he went to Budapest and then to Berlin's Charite Hospital to improve his medical knowledge. He had the opportunity to meet some famous colleagues at that time(2).

He never thought of living in Europe, however, and after his return to Turkey he worked as a free medical doctor. Then in 1923 he was appointed as the head physician at the Hasköy Venereal Diseases Hospital. Six months later, he moved to Gureba Hospital, as a dermatologist. As well as his position as a professor at the university, he worked in a private consulting office.

In 1923, the year of the establishment of the Turkish Republic, he married Refika Davaz, who was sister of one his patients. His wife was the daughter of a famous diplomat, which led him to accept many patients from high society of Istanbul. He had a daughter, Güler, from this marriage and she now live in England working as a decorator(3).

After the establishment of the Turkish Republic, many social reforms were enacted. In 1933, the old-fashioned medical college (Dar-ul-fünun), which did not approve of scientific progress and insisted on religious principles, was abolished and the University of Istanbul was established. During this period of reform, the scientific vision and knowledge of academic staff was reevaluated and some were dismissed. Dr. Behçet stayed and he set up the department of dermatology and venereal diseases which remains the base of dermatology. At that time, the dermatology department, which had been at Vakıf Guraba Hospital, moved to a place on campus which had once been a tobacco depot. It still houses the Department of Dermatology(4,5).

Dr. Behçet was the first Turk who received the title of professor, in Turkish academic life. His curiosity for investigation, writing and discussion were his intellectual characteristics. Starting from the early years in his profession, his participation in national and international congresses with original articles was very apparent, publishing many articles in his own country and abroad. The famous German pathologist Prof. Schwartz called him a scientist who was well known in the world. He translated many articles into Turkish and he published original case reports in international reviews in order to make contact with such countries as Korea. He had been interested in syphilis since 1922 and he had published many international articles on its diagnosis, treatment, hereditary properties, serology and social aspects.

A part of his published work was concerned with parasitosis. In 1923, he described the etiologic agents of "gale cereal" in Turkey. He had dealt with superficial and deep mycoses and their treatments. Due to his observations, he described the dermatitis of fig (dermatitis figus carica) in 1933. In 1935, at the Dermatology Congress in Budapest, he was honored for his studies on mycosis(6).

He was also in the publishing vanguard to improve Turkish medicine and he was responsible for the first dermato-venerology journal of Turkey called "Turkish Archives of Dermatology and Syphilology" in 1924. In 1939, he was elected as a correspondent member to the German journals "Dermatologiche Wohenschrift" and "Medizinsche Wohenschrift"(7).

The most important work that Dr. Behçet brought to Turkish medicine was the monograph published in 1940 called "Clinical and Practical Syphilis, Diagnosis and Related Dermatoses". Every page of this book contains an aspect of syphilis and the footnotes, provides a wealth of detailed information about the differential diagnosis of other skin diseases. As a result, scientists had the chance to learn about syphilis and dermatology at the same time. Dr. Behçet continued as the Head of the Department of Dermatology and Venereal Diseases until 1947. In 1939, he received the degree of "ordinarius".

The most important discovery of Dr. Hulusi Behcet is Behcet's Disease. His first observations on Behçet's disease started with a patient he met between1924-1925. This patient had been consulted for 40 years in Istanbul and Vienna several times. According to his symptoms, the illness had been diagnosed as "aphte recidivante chronique", "erythema nodosum", "sarcoide de Boeck" or "erythema exudativum multiformis". From the etiology, syphilis and tuberculosis were suspected. Austrian doctors had called an unknown protozoal disease. Ophthalmologists had described the ocular symptomes as "iritis recividante a l'hypopion". Iritis might be the result of syphilis, tuberculosis or streptococcal or staphylococcal infections. After several iridectomies, the patient had completely lost his vision. Dr. Behçet continued to follow up the patient for many years.

In 1930, a woman suffering from irritation in her eye and with lesions in her mouth and genital regions was referred to Dr. Behçet's clinic and told him that these symptoms had been recurring for several years. Dr. Behçet consulted the woman until 1932 and tried to diagnose the etiological agent for tuberculosis, syphilis or mycosis etc. by biopsy and other laboratory analysis, but he could not find anything. The prominent opthalmologists Murat Rahmi and Iggescheimer had evaluated the ocular symptoms as "episclerite" and "conjunctivitis".

Following those two patients, in 1936 a male patient from a dental clinic with oral pemphigus like wounds, acneiform signs on the back, scrotal ulcer, eye irritation, evening fever, and abdominal pain was sent to the clinic. After the consultation, nothing except a dental cyst was found. Dr. Behçet thought the recurrent symptoms might be due to a virus. He referred the patient to Prof. Braun who did a viral investigation and found some corpuscular structures. Dr. Behçet, with the symptoms of these three patients whom he had followed for years, then decided that they were the symptoms of a new disease and in 1936, he described the situation in a meeting and this was published in the "Archives of Dermatology and Venereal Disease"(8).

In 1937, he wrote his ideas in "Dermatologische Wohenschrift" Journal and in the same year he presented it at the meeting of the Dermatology Association of Paris. At this meeting, he declared that a dental infection might cause the etiology of the disease.

In 1938, Dr. Niyazi Gözcü and Prof. Frank reported two new cases with the same symptoms. In 1938, Belgian scientists Weekers and Reginster, and the Italian Frachescetti reported some patients with similar symptoms. Therefore, European doctors had accepted the appearance of a new disease. Ophtalmologists had begun to accept "Behçet's Disease" but dermatologists kept denying the new disease, insisting they could be symptoms of pemphigus, ulcus vulvae acutum, dermatomyozitis, aphtosis of Neumann, erythema exudativum multiforme, etc. While that debate was taking place, some new cases were reported from Belgium, Austria, the U.S., Japan, Denmark, Switzerland and Israel. When they had been published, the whole world finally came to accept that they had confronted with a new disease. In 1947, at the suggestion of Prof. Mischner of the Zurich Medical Faculty during the International Medical Congress of Geneva, this finding of Dr. Behçet's was named "Morbus Behçet". Though it was evaluated in the early days as "Behçet's Syndrome", "Trisymptom Behçet", and "Morbus Behçet", today the disease is universally called Behçet's Disease in medical literature. In order to give the disease its place in medical literature, credit should go to Niyazi Gözcü, Iggescheimer, Murad Rahmi, İrfan Başar, Naci Bengisu, Marchionini, Braun and Obendorfer from Turkey, Weekers, Reginster from Belgium, Franchescetti from Italy, Jensen Tage from Denmark, Sulzberger & Wise from U.S. who all supported and participated in the work. ü Hulusi Behcet died from a sudden heart attack on March 8, 1948.

Prof. Dr. Hulusi Behcet translated many foreign articles into Turkish to help the education of new generations and published original case reports in the international reviews in order to make contact with foreign countries. Moreover, he published many books. Moreover, Hulusi Behcet also published 126 national and international articles between 1921-1940. Fifty-two of those appeared in prestigious European Scientific Journals.

Hulusi Behçet interested deeply in the arts, particularly literature

Among his colleagues and close friends were Prof. Dr. Fahrettin Kerim Gökay, Ord. Prof. Dr. Murad Rahmi, Prof. Dr. Muzaffer Şevki, Prof. Dr. Gougerot and Prof. Dr. Cartoud.

In 1975, many years after his death, he was honored with the TUBITAK Scientific Award. Several classes, laboratories and libraries had been named in his honor; and masks and statues have been made in his likeness. A new generation of scientists continues to carry on the excellent work he began, working with foundations and units that bear his name. In national and international congresses, events like "Korea-Turkey Behçet Days" are taking place. The results of these studies are published every year in various journals.

In 1980, on the initiative of one of his students, Dr. Ali Arban, a stamp was published in his commemoration, about which an article was published in "The Journal of the American Dental Association". His biographies were published in the "Journal of Philatelic Society" and in the "Medical Bulletin of the United States Army, Europe and Seventh Army's Medical Bulletin".

In 1982, he was awarded with the Medical Award of the Turkish Republic by Eczacıbaşı Foundation of Scientific Investigation. In October 1996, the Turkish mint released commemoration coins for Dr. Behçet during the National Dermatology Congress. This silver coin designed by Sculptor Suat Özyönüm, was presented in Portugal. The coin is still presented by the Cerrahpaşa Medical Faculty, Dermatology Department and by the Turkish Dermatology Association.

The life story of Hulusi Behçet, his curiosity for investigation, his delicate observation ability and his patience resulted in a gift to medicine, a mysterious new disease which is focus of wide research and interest to this day.

In 1937, Hulusi Behcet, a Turkish dermatologist, described a disease associating uveitis (inflammation of the uvea, the middle coat of the eye comprising the choroid, ciliary body, and the iris) with genital and oral ulcers. Fifty years later, Behcet's disease has expanded and is now recognized as a chronic, multisystem disorder with vasculitis (inflammation of blood vessels) as its underlying pathological process.

Comments on the Book of Hulusi Behcet with the Name of the Therapy of Oriental Sore with

Diathermy (Haleb veya Şark Çıbanlarının Diyatermi ile Tedavisi in Turkish)

Hulusi Behcet's book with the name of the Therapy of Oriental Sore with Diathermy (Haleb veya Şark Çıbanlarının Diyatermi ile Tedavisi in Turkish) is a monography of 23 pages and is with the date of 1925.In this book, some medical cases are given and commented. According to Behcet: "Oriental Sore is seen in Baghdad, Diyarbakır, Aleppo, Sivas, Yemen etc. Its therapy continues one year and a good result cannot be obtained every time."(21,22,23,24).

We know reports of a disease simulating the type of lesion seen in cutaneous leishmaniasis were first made in 1756 by Hasselquist and Russel. Also in the middle of the nineteenth century, the same type of lesion was described by French medical officers in Africa. Laveran demonstrated in 1880 that this condition could be transmitted and that a fly was an important factor. In 1885 Cunningham described a

histologic picture and stated that there were bodies within the cells which were circular to elliptic in shape. Ryan, in 1886, also described some cells which were filled with bodies which he regarded as cocci with capsules. He attempted cultures in human blood but obtained no results. It was not until 1903 that Leishman and Donovan made independent reports describing the protozoan. During the same year Wright in Boston described the organisms found in the first case of cutaneous leishmaniasis reported in this country. Since then there have been approximately 30 cases reported in the United States, all of which have been exogenous. In only 1 instance has the disease in cases reported in this country been proved by actual culture of the flagellate from the lesion. Packchanian in 1945 reported 2 cases in which the disease was actually proved by culture; his cases were also exogenous, and were of American soldiers who had returned to the United States from the Near East.

In this book ,Behcet specified that:" The 'tin-tack' sign (TTS) was the appearance of horny processes that project from the under-surface of a crust. Although it was a well-known feature of discoid lupus erythematosus it might be also seen in other crusted lesions particularly in cutaneous leishmaniasis." So, Hulusi Behçet mentioned the tin-tack sign for the first time in the world. Leishmaniasis (Oriental Sore) was another disease which Dr. Behçet worked on, beginning in 1923. He wrote about it in many articles and succeeded in its treatment with diathermic. He first described "the nail sign" appearing by the removal of the crust of an Oriental Sore in 1916. To Behcet,this symptom was the most important sign of oriental sore . Oriental Sore was diagnosed both microbiologic analysis of Leishmianias and nail sign. A Turkish physician, Abimelek mentioned in his book named Discuss on Oriental Sore (Cit Leischmaniose'ları Hakkında Münakaşa Münasebetiyle in Turkisch) with the date of 1934 that Behcet described nail sign in Oriental Sore for the first time in the world(25).Moreover,The paper of Alfred Marcionini and Kemal Turgut dated 1944 with the name of Essays on the Pathology ,Clinic and Treatment of Oriental Sore in the Middle Anatolia(Orta Anadolu'da Görülen Şark Çıbanlarının İntişarı ,Patojenisi,Klinik ve Tedavisi Hakkında Tecrübeler in Turkish) gave some knowledge about the Oriental Sore in the Middle Anatolia.To this paper,Oriental Sore was named as Diyarbakır Çıbanı(Sore), Mardin Çıbanı ,Urfa Çıbanı etc .to the cities of Turkey.These physicians and all the world also accepted that Hulusi Becet described the nail-sign in the oriental sore for the frist time in the world.

We know that there are a number of types of protozoa which can cause leishmaniasis. Each type exists in specific locations, and there are different patterns to the kind of disease each causes. The overall species name is Leishmania (commonly abbreviated L.). The specific types include: *L. Donovani, L. Infantum, L. Chagasi, L. Mexicana, L. Amazonensis, L. Tropica, L. Major, L. Aethiopica, L. Brasiliensis, L. Guyaensis, L. Panamensis, L. Peruviana.* Some of the names are reflective of the locale in which the specific protozoa is most commonly found, or in which it was first discovered.

Localized cutaneous leishmaniasis

This type of disease occurs most commonly in China, India, Asia Minor, Africa, the Mediterranean Basin, and Central America. It has occurred in an area ranging from northern Argentina all the way up to southern Texas. It is called different names in different locations, including Chiclero Ulcer, Bush Yaws, Uta, Oriental Sore, Aleppo Boil, and Baghdad Sore(8).

This is perhaps the least drastic type of disease caused by any of the Leishmania. Several weeks or months after being bitten by an infected sandfly, the host may notice an itchy bump (lesion) on an arm, leg, or face. Lymph nodes in the area of this bump may be swollen. Within several months, the bump develops a crater (ulceration) in the center, with a raised, reddened ridge around it. There may be several of these lesions near each other, and they may spread into each other to form one large lesion. Although localized cutaneous leishmaniasis usually heals on its own, it may take as long as year. A depressed, light-colored scar usually remains behind. Some lesions never heal, and may invade and destroy the tissue below. For example, lesions on the ears may slowly, but surely, invade and destroy the cartilage which supports the outer ear(9).

Diffuse cutaneous leishmaniasis

This type of disease occurs most often in Ethiopia, Brazil, Dominican Republic, and Venezuela(10).

The lesions of diffuse cutaneous leishmaniasis are very similar to those of localized cutaneous leishmaniasis, except they are spread all over the body. The body's immune system apparently fails to battle the protozoa, which are free to spread throughout. The characteristic lesions resemble those of the dread biblical disease, leprosy.

Mucocutaneous leishmaniasis

This form of leishmaniasis occurs primarily in the tropics of South America. The disease begins with the same sores noted in localized cutaneous leishmaniasis. Sometimes these primary lesions heal, other times they spread and become larger. Some years after the first lesion is noted (and sometimes several years after that lesion has

totally healed), new lesions appear in the mouth and nose, and occasionally in the area between the genitalia and the anus (the perineum). These new lesions are particularly destructive and painful. They erode underlying tissue and cartilage, frequently eating through the septum (the cartilage which separates the two nostrils). If the lesions spread to the roof of the mouth and the larynx (the part of the wind pipe which contains the vocal cords), they may prevent speech. Other symptoms include fever, weight loss, anemia (low red blood cell count). There is always a large danger of bacteria infecting the already open sores(11,12).

Visceral leishmaniasis

This type of leishmaniasis occurs in India, China, the southern region of Russia, and throughout Africa, the Mediterranean, and South and Central America. It is frequently called Kala-Azar or Dumdum fever.

In this disease, the protozoa uses the bloodstream to travel to the liver, spleen, lymph nodes, and bone marrow. Fever may last for as long as eight weeks, disappear, and then reappear again. The lymph nodes, spleen, and liver are often quite enlarged. Weakness, fatigue, loss of appetite, diarrhea, and weight loss are common. Kalaazar translates to mean "black fever." The name kala-azar comes from a characteristic of this form of leishmaniasis. Individual with light-colored skin take on a darker, grayish skin tone, particularly of their face and hands. A variety of lesions appear on the skin (13-14).

This famous physician mentioned that some drugs such as Neosalvarsan or carbonic acide couldn't treat it. But, to Behcet, diathermy therapy was the best way. Behcet mentioned diathermy in every page of his book. To Behcet: "Diathermy method is applied in developed cities and good results are obtained.'' Behcet treated some leishmaniasis cases with this way from 1920 to 1922. In this book, 4 cases are given. One of them was the son of a merchant from Adana .This patient was 19 years old and traveled to Syria for the trade occasionally .Ulcers was located on his right neck and these were combined in time and became in the size of silver coin(mecidiye). Other doctors couldn't treated this patient.

In this case, Hulusi Behçet determined Leishmania by preparing culture and diagnosed this disease as oriental sore.

Moreover, in his book, Hulusi Behcet wrote that Dr.Resat Rıza and Mustafa Bakar prepared Leishmania Tropica cultures and this research was published in Gulhane Seririyatı Journal in German. In this first case, Hulusi Behçet examined microorganisms by ultramicroscope and saw flagellums. He informed about their dimensions. So, he applied diathermy to his patient. Hulusi Behcet accepted diathermy as the best therapy.

The second case of Hulusi Behçet was a servant girl. She was 23 years old.Oriental sore was seen on finger of right hand and left cheek. It was of a dull red color and was inflammatory, quite tender and painful. Hulusi Behcet also diagnosed this case as oriental sore.

In his third case, Hulusi Behçet treated a porter from Diyarbakır. He was 42 years old. Sore was on his right eyebrow and left cheek. The fourth case belonged to a girl. She came from Tahran to Istanbul. She was relative of Iran Emperor. A deep sore was on her right cheek. Behcet also treated this case with diathermy.

Famous Turkish physician Behcet gave some knowledge about the discovery of microorganisms and their names. Behcet mentioned that American scholar .Wright named this disease's microorganism as Helcosome tropicum at that time and R.Ross gave the name of Leishmania tropicum ou furonculose to it. But, afterwards, Leishmania Donovani was known as its microbe.

Moreover, Behçet gave some knowledge about Leismania kinds in his small book: "Leishmanias are in twoforms: Forms with flagellums and without flagellums. Two kinds of Leismanias are present. One of them is Leishmania Donovani and another is Leishmania tropica L. We also know Leishmania Americana. Leishmania Donovani also causes Kala-azar.

Hulusi Behcet also gave other useful knowledge in his important book. Oriental Sore was seen in India, South Asia, Mediterrenean Sea Region, North Africa, Crete and Greek Islands, Adana etc. Oriental Sore was named Halep (Aleppo), Nile, Tahran, Isfahan, Palestine, Ankara and Diyarbakır sores. Hulusi Behcet mentioned epidemiology of this disease. Especially, Oriental Sore was infected from animals to dogs, monkeys, mouses.

Hulusi Behcet also mentioned the characteristics of oriental sore. To Behcet: "On an average a fully developed Oriental sore is an inch or so in diameter. While there is often but one, there may be several or more distinct and sometimes quite widely separated formations. An Oriental Sore, when developed, is of a dull red color, is usually of sluggish nature throughout its course, unless constantly knocked, irritated, or having added an active pyogenic factor, when it may become much more in flammatory, and quite tender and painful. The favorite regions are the face, hands and forearms, and legs, but no part is exempt (15,16).

The ulcer, as remarked, is usually rather sharply cut, frequently oblong and irregular in shape, with commonly some elevation and in filtration of the surrounding border;

the latter may or may not be undermined. It may discharge but slightly, so that it is continually spreading, patch, with smaller lesion and older lesion on forehead covered with an adherent dry scab; or it is forever discharging abund antly a pale yellow, watery pus, which adds to the discomfort of the for some patient. After attaining a variable size the ulcer may remain stationary for some time before the reparative process begins. In some cases, however, the ulcer continues to extend, and may finally involve an area of several inches or more, and persist; such instances doubtless furnishing some of the examples of so-called "endemic ulcer," "tropical ulcer," etc(17,18). As a rule, however, after a variable period, of from two or three months to a year or more, healing, sometimes more or less interrupted, sets in; and this may be effected under the crust. In some cases the ulcer is still extending peripherally whilst healing is progressing centrally. As intimated, the character of the scar varies; it may be slight or almost nil in some instances, whilst in others, more particularly when about the face and joints, be extremely pronounced and disfiguring, and if contraction occurs can give rise to considerable deformity. In fact, the character, features, course, and cicatrix of the malady show wide variations.[1] There is no systemic involvement, but occasionally the usual accidental complications of such ulcerative processes are noted, such as lymphangitis, erysipelas, and the like.

Moreover, Behcet gave some knowledge about some ways used in oriental sore therapy. According to Behcet , arseno benzol and salvarsan couldn't treat oriental sore. Neosalvarsan was good for syphilis. Famous physicians, Resad Rıza and Abdülkadir Bey accepted this condition. The best method was the diathermy. This was a apparatus with electric. Namely, electric was applied to the sore. But this apparatus was present in the modern cities of Turkey at that time. To Behcet, in the other cities of Turkey, frozen carbonic acid was used for the therapy. But, he preferred diathermy therapy more than frozen carbonic acide.

Hulusi Behcet applied diathermy by anaesthetizing his patients and the patient healed in ten or twenty days. So, he advised application of diathermy to every physician in his book.

Hulusi Behcet gave a paper on nail sign of oriental sore in 1932 .M. Mayer and Ernst Nauck also accepted Behcet's thoughts on this topic.

Hulusi Behcet again mentioned these topics in his paper with the date of 1934 and named Two Important Points on Wright Sores (Wright Çıbanları Seririyatında İhmal Edilmiş İki Mühim Nokta in Turkish) (,27,28,29,30).

Approximately 350 million people in 8 countries are estimated to be under the threat of leishmaniasis. Most of the drugs used for the treatment of leishmaniasis are toxic and have many side effects. At present there is no vaccine against leishmaniasis. Vaccine development for parasitic infections is more difficult than for viruses and bacteria because of the antigenic complexity and parasitehost interactions(26).

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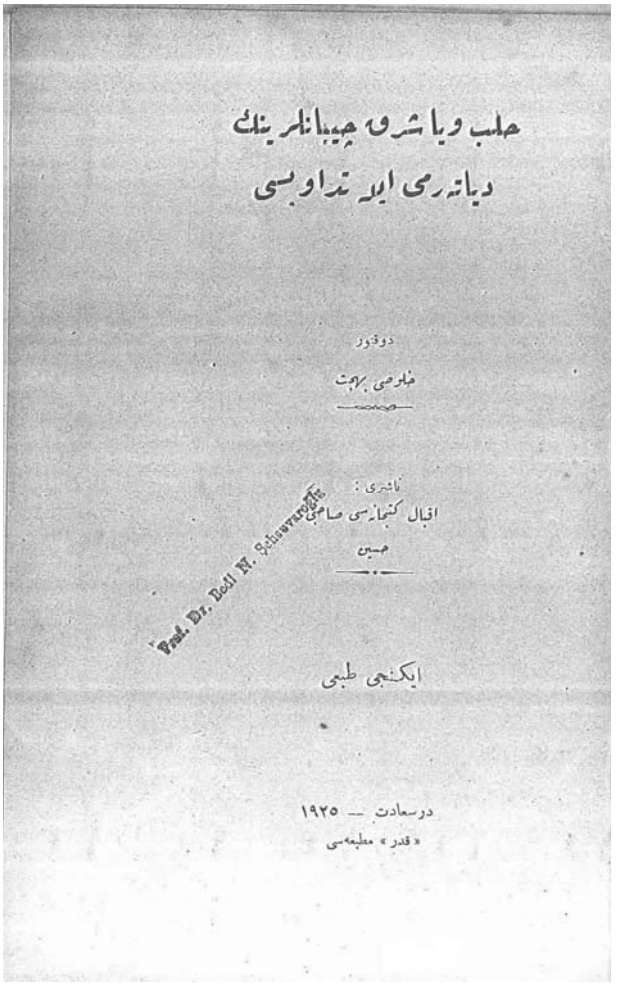
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Hulusi Behcet



Prof.Dr.Hulusi Behçet's Book Cover on Oriental Sore