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G Maculo — Bicho do cu

Maculo, inflammation of the rectum with relaxation of the sphincter, prolapse and gangrene, is only mentioned here as during the 17th and 18th centuries the belief was widespread that the disease was caused by some kind of insect. The itching and the pruritus around the anus which occurred in the first stage were regarded as due to some living organisms; in later stages ulcerations around the anus developed and myiasis might be present.

Africa

The Portuguese name *maculo* is in the opinion of some authors (GUILLOT, 1950) a contraction of the Spanish *mal del culo*, an explanation not accepted by R. MENDOÇA, 1935, who assumed that the word is derived from the Bantu language. Other names are *bicho del culo* (bicho = vermin, insect), *bicho do cu*, *doença do bicho*, *corrução do bicho*.

Maculo is nowadays only of historical interest, although occasionally some cases with clinical symptoms corresponding to maculo are still found in West Africa¹. African names are *chiufa*, *chinkumbi* and *kanyemba*.

The disease, which mainly affected negroes but occasionally also whites, especially of the lower classes, played a certain rôle in Africa.

Early descriptions from Africa were given by DAPPER, 1686, and by BARBOT, 1732.

America

Maculo was much more important during the 17th and 18th centuries in the New World, especially in Brazil where it had been introduced by negro slaves.

The first description of maculo in Brazil is by PISO, 1648. Subsequently, a number of Portuguese physicians studied the disease in Bahia, the great Brazilian center of the slave trade (see O. DE FREITAS, 1935). Among the early authors are JOÃO RODRIGUES DE ABREU, 1714, LUIS GOMES FERREIRA, 1735, and A. J. ARAUJO BRAGA, 1783. GUMILLA in his *El Orinoco Illustrado* (sec. ed. 1745),

¹ See ARGUMOSA, 1959, p. 130.

dealing with diseases of Venezuela, expressed the opinion that maculo was not caused by insects. UNÁNUE, 1815, described maculo from Peru.

It occurred as a rule among people, such as negro slaves, who were forced to live in close proximity under very bad hygienic conditions. It was apparently to some extent contagious. Evidently there were different aetiological factors such as amoebiasis, schistosomiasis and *Enterobius* infection.

The disease started with pruritus around the anus. At the same time there was a general mental depression and somnolence, accompanied by fever and severe headache. The patient had diarrhoea or sometimes constipation. Inflammation of the rectal mucosa rapidly developed, the anal sphincter became relaxed followed by a prolapse and gangrene of the rectum.

There also existed the opinion that in maculo the fat of the body was dissolved; therefore the French used the expression 'gras fondu' – 'melted grease' from the aspect of the evacuations.

If not treated properly at the beginning, the disease nearly always ended fatally, the patient dying with great pain.

Treatment consisted in introducing suppositories made of lemon peels and of applying drastic, astringent enemata such as infusions of tobacco-leaves, salt, vinegar, brandy, camphor, black pepper or gunpowder. In Brazil one used also 'herva do bicho' (*Polygonum acre*) and 'mangerioba' (*Cassia occidentalis*). COBO recommended a decoction of *Lucuma verde* – *Lucuma ovobata*. At the very first symptoms one used as a prophylactic measure suppositories of linen cloth with egg, rose-water, sugar and white of lead.

Maculo was conditioned by overcrowding, insufficient, bad food and very unhygienic living conditions such as the slaves had to endure. When the slave trade was abolished, maculo gradually disappeared.

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