

not reveal any morbid lesions, nor could we isolate any organism from the heart's blood.

The milk of infected animals would appear not to be infective. Two full-term litters, of two each, lost their mothers on the fourth and

fifth days respectively. An attempt to rear them on diluted cow's milk was of no avail, all four dying within a week. Post-mortem examinations carried out on these animals failed to show any characteristic lesions and their heart's blood was sterile.

A Mirror of Hospital Practice

A CASE OF DYSIDROSIS TREATED BY CALCIUM

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DYSIDROSIS is a common disease, occurring in young people mostly in the heat of summer, and the usual methods of treatment adopted for this condition appear to be unsatisfactory. The results obtained in the case reported below are thought to be of sufficient interest to justify publication.

Case record

An otherwise healthy Mahomedan boy, aged about 20, consulted me on 10th March for eruptions of about a month's duration on the palms of his hands and toes. For the last four years, he has been suffering from these eruptions which come on every summer, are preceded by a sensation of itching and tingling, and which disappear spontaneously at the approach of the cold season. He always suffers from somewhat excessive perspiration of the hands and feet. There is nothing of importance as regards his past or family history.

When first seen on 10th March, he had symmetrical eruptions, consisting of vesicles and bullæ over the palms of his hands, the sides and webs of the fingers and to a less extent on the toes. Some of the blisters were discrete whilst others had coalesced forming large bullæ, and if one of them was punctured, it exuded slightly turbid fluid, exposing a tender and raw surface. The boy complained of pain, tenderness and itching and consequently suffered from sleeplessness. There were no constitutional symptoms. Physical examination was negative.

Treatment.—During the first four days, the patient was given twenty minims of dilute hydrochloric acid, well diluted in water, and five-grain salol powders, thrice daily after meals. Locally a lotion containing liquor plumbi subacetatis fort., zinc oxide and calamine was ordered; but this gave him no relief. During the next four days, calcium lactate in 10-grain doses thrice daily was tried without any benefit. In the second week, four intravenous injections each consisting of one gramme of calcium gluconate in ten cubic centimetres of water were given and the following lotion and ointment was ordered for local use:

℞ Liq. plumbi subacetatis fortis.	..	aa. ʒi.
Liq. carbonis detergentis	..	ad ʒii.
Aquam	..	
Sig.:—To be used frequently for cleansing hands and feet.		
℞ Calaminæ preparatæ	..	aa. gr. xxx.
Zinci oxidi	..	gr. x.
Hydrargyri ammoniati	..	ad ʒi.
Paraffinum molle	..	
Sig.:—To be rubbed well in at bed time.		

After the second injection of calcium gluconate, signs of improvement set in and his eruption dried up after the fourth injection. It is over a month and a half since he has ceased treatment and there has been no sign of recurrence although at present the temperature is about 110°F. daily.

INTESTINAL OBSTRUCTION RELIEVED BY ATROPINE

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FOLLOWING the reports in the *Indian Medical Gazette* of the successful reduction of strangulated hernia after atropine injection I have used it in the two following cases with excellent results:—

INTUSSUSCEPTION

Case 1.—A Mahomedan boy, aged about 12 years, had suffered from intermittent pain in the abdomen for a week. There was a sausage-shaped mass about three inches in length situated transversely in the transpyloric line. The mass changed its position on standing and lying and appeared to be connected with the transverse colon. It could also be made to move up and down by manipulation. During this time the boy passed very little stool, but blood and mucus were passed several times a day and there was considerable tenesmus. The abdomen was not much distended and there was slight tenderness over the tumour. The patient had occasional attacks of vomiting and there was visible peristalsis in the abdomen. The case was diagnosed as intussusception of the transverse colon. A soap-and-water enema was given and the fluid was heard by the stethoscope to flow up to the tumour. The enema was returned and the tumour remained unchanged, but the abdominal pain rather increased. Atropine sulphate 1/100 grain was injected and after three hours the pain disappeared. Twelve hours later I went to see the patient and found that the tumour had already disappeared.

STRANGULATED HERNIA

Case 2.—A Hindu male, aged about 45 years, had had an inguinal hernia on the left side for a long time. Up to the present occasion he had always been able to reduce it himself, but this time he neglected it for some time and then found he could not reduce it.

Taxis was unsuccessfully tried by another practitioner and after about twelve hours I was called to see the patient and found a left inguinal hernia of the size of a big mango. It was very painful on pressure and there was no impulse on coughing. The patient was in