

2. C.P.A. is being found to cause retardation of growth and late mortalities in mice even in as low a strength as 0.5 per cent drug diet.
3. C.P.A. appears to be a more toxic drug than carbarsone.

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A Mirror of Hospital Practice

TWO CASES OF VESICULAR (WEEPING) ECZEMA TREATED WITH ANTI-HISTAMINIC DRUG

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1. AN adult male had a superficial negligible injury over his abdomen by a rusted blunt weapon. No immediate aseptic precaution was taken. Within 2 or 3 days, there appeared minute vesicular eruptions around the wound, which went on spreading rapidly. This made him take the help of a doctor, who gave him sulphonamide dressing, and sulphathiazole by mouth. Instead of improving the eruptions went on spreading rapidly and had covered almost the whole of abdomen, arms, legs and even the face.

The eruption appeared as minute papules which later became vesicular and itched. They coalesced, and on breaking up and drying formed crusts over themselves. There was always a serous sticky secretion oozing from them, and whenever they came in contact with healthy but scratched skin, they produced the same pathological state.

At the first sight they suggested bacteria as the causative factor, and penicillin as the treatment. Accordingly, penicillin was given every 3 hours, first 4 injections 50 thousand units each, and the subsequent 12 injections 25 thousand units each. But this antibiotic drug gave a very disappointing result; instead of improving the eruptions went on spreading. Consequently penicillin was stopped and anti-histaminic drug (Antistine tablet, Ciba) was given, one tablet three times a day by mouth, and Goulard's lotion with calamine 2.0 dr. to a pint, for external application. It was really surprising to note that such a spreading disease was brought under control by the second day, and from the

third day, nearly half the eruptions had dried up. At some places the itching and dermatitis persisted. Nupercainol ointment (Ciba) completed the cure.

2. A young girl had an eruption over her neck, which had an erysipelatous look. Considering this to be erysipelas, the attending physician started penicillin injection, 50 thousand units per dose every three hours, and had continued for 60 hours. The eruption instead of showing any amelioration went on spreading very rapidly, and had covered the whole body excepting the palms, soles and the head. The face and several other portions of the body had swollen so much as to give a horrible look. There was a little rise of temperature too.

The character of the eruption was the same as in case no. 1. It first appeared as minute vesicles with itching. These on breaking up coalesced discharging sticky serous secretions which, on drying, formed crusts. The secretion on coming in contact with the scratched healthy skin produced the same pathological state, and had a tendency to spread very rapidly.

Antistine tablets, one 3 times a day, were given by mouth, and Goulard's lotion with calamina preparata was given for external application. In this case also the disease was found to have been controlled on the second day and from the third day desquamation went on rapidly.

Both the cases, as one's teachers taught one, must be called vesicular (weeping) eczema. In former days, Goulard's lotion with calamine used to cure them, but took a very long time. That such a widespread pathological condition of the superficial layer of the skin can be produced by allergy is beyond conception. The points showing that it was not a lesion produced by any virulent organism were: (i) no lymphatic gland was found involved and (ii) no constitutional symptoms, such as fever, rapid pulse and prostration, were present. The slight temperature in the second case was quite negligible in comparison with the area involved.

One must admire these anti-histaminic drugs. They are working like magic just as the antibiotic drugs are doing.

Occasional Notes

THE PLACE OF CLINICAL PATHOLOGICAL MUSEUM IN MEDICAL EDUCATION

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THE pathological museum is a necessary adjunct to any well-equipped medical college