

there is no change in the eyes, and no tendency towards convergent strabismus, also no tendency towards any change in the muscle power of the recti. He sees perfectly well with the prisms on and carries on prolonged near work (as a student) with no discomfort.

A CASE OF HYDROA GRAVIDARUM.

By Capt. A. GUPTA, M.B. (Cal.), Calcutta.

As this disease is exceedingly rare, a few notes about the main features of the affection may be given.

"Hydroa gravidarum," as the name implies, is a bullous cutaneous eruption which develops in pregnant women, terminating as the pregnancy terminates, to return should the patient again become pregnant. Different views have been put forward by different observers as to the actual causation of it, but the general consensus of opinion is that it is in reality "Düring's disease" modified by pregnancy. The knowledge of the fact that it is due to the pregnant condition is important, for when the symptoms become severe and are rebellious to ordinary methods of treatment, one is confident that an immediate premature induction of labour is justifiable.

The condition known as "impetigo herpetiformis of Kaposi" is the same affection in a different form, but differs in that the prognosis for both mother and child is grave, often leading to a fatal issue in both.

The case under description ran a comparatively mild course. The history is as follows:—

Mrs. B., aged 27, was referred to me by Dr. Sisir Kumar Bose in November 1923, for some sort of skin eruption which developed suddenly. The patient was in an advanced pregnant condition. The lesions were distributed irregularly on the trunk and extremities, but more marked on the flexor aspects than on the extensors. On examination I found that they consisted of typical grouped vesicles on patches of erythema. The contents of the vesicles were clear. The patient was not having any fever. She complained of itching which interfered with her sleep. She was given an alkaline aperient and vinum antimonalis to check the activity of the disease; potassium bromide to induce sleep, and a sedative and anti-pruritic lotion for local application. The condition responded well under this treatment, but the lesions did not quite disappear until the termination of pregnancy which came about in a week's time. Dr. D. R. Das who conducted the labour kindly informed me that the patient gave birth to twins. The interesting part about this case is that this was her third pregnancy, and while the patient had no cutaneous manifestation in her previous pregnancies, the present condition was apparently evoked by twins in the uterus.

THE TREATMENT OF PUERPERAL TETANUS.

By NAGENDRA NATH GHOSH, L.M.P.,

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THE treatment of tetanus during the puerperim, when the site of infection is in the uterus, differs from that of traumatic tetanus, as local treatment is practically impossible and we have to rely chiefly on general treatment. I have successfully treated a few cases of puerperal tetanus with intravenous injections of antitetanic serum (Parke, Davis & Co.). I have not kept any record of some cases successfully treated a few years ago, but may cite the following case, which recently came under my treatment.

On the 28th January, 1924, I was called in to a patient in Kidderpore, 28 years of age, lying prostrate on the *katcha* floor of a house. She had been delivered of a dead child two hours previously and the cord was being tightly held by a *Chamar* midwife with her dirty hand. As the patient was a *purdahmashin* lady, I could not proceed further, but sent for a Corporation midwife, who completed the third stage manually. I then gave 1 c.c. of pituitrin as the uterus was still bulky and the patient much prostrated. The midwife informed me that there was no tearing of the external genitalia.

She did well for the next five days. On the morning of January 26th, she felt some tightness of the jaws and slight pain in the body, but this was ascribed to cold. The symptoms gradually became more severe and on the morning of January 28th, I found her in opisthotonus with complete lock-jaw. She was getting exacerbations of the tonic spasm of the muscles of the whole of the body very frequently, and with each such exacerbation screamed with agony. She was unable to take even fluid nourishment. I gave 1,500 units of antitetanic serum into the gluteal muscles, and 3,000 units the same evening, also into the gluteal muscles. She was also put on to the usual potass. bromide and chloral hydrate mixture, every four hours.

On January 29th, her condition was the same. I gave 1,500 further units, this time intravenously. The patient could swallow neither fluids nor even the mixture prescribed.

On January 30th, the only improvement noticed was that the exacerbations of the spasm were less frequent, but the lock-jaw was still complete. A further 1,500 units was given intravenously, and, as she had had no sleep for the past four days, I gave her an inhalation of chloroform, which induced sleep.

On January 31st, I found her much better. She had had two hours sleep, could open her mouth and take fluids and medicines. I gave a further 1,500 units of serum intravenously and again an inhalation of chloroform.