

granulation started showing all round. The patient was discharged cured after two weeks.

Since that time I have treated about six cases of carbuncle in different sites with penicillin, and equally good results have been obtained.

RUPTURE OF ANEURYSM OF AORTA

By KHAN SAHIB KABIR HOSSAIN, M.B., D.T.M., F.S.M.F.
Professor of Medical Jurisprudence, Medical College,
Calcutta

History of the case.—A Hindu male, aged about 35 years, visited a prostitute at about 9 p.m. on 6th May, 1944. He fell down unconscious on the bed of the woman in her room. He was taken out of the room and placed on the verandah where he died immediately after. No marks of injury or violence could be detected on the dead body. The body was subsequently sent by the police for post-mortem examination, as foul play was suspected. According to the statement given by the woman before the police, the man became suddenly unconscious just before the commencement of the act of coitus.

Post-mortem findings.—A fairly nourished subject. Rigor mortis was present. The eyes were partly opened, the pupils dilated and equal, conjunctivæ suffused. Cyanosis was present in the finger-nails.

On internal examination of the body, the following conditions were noticed :—

The heart was found enlarged, weighing 12 ounces. The right coronary artery was sclerosed. Both sides of the heart contained fluid blood. The ascending part of the arch of the aorta was markedly atheromatous. There was an aneurysm at the beginning of the aorta, which had burst into the pericardial sac. Thirteen ounces of clotted blood and 2 ounces of fluid blood were seen inside the pericardial cavity.

Both lungs were congested with some pleural adhesions. There were 4 ounces of serous fluid in the right pleural cavity and 2 ounces in the left side.

The stomach was congested and contained one pound of partly digested 'rooti' and vegetables.

The liver was enlarged 4 lb. 2 oz. and congested. The gall-bladder contained thin bile.

The spleen (8 oz.) was slightly enlarged.

Both kidneys (6 oz. each) were congested and enlarged.

The brain was slightly congested, so also were its membranes.

All other organs were more or less healthy.

Alcohol was found in the stomach and its contents, and only traces of alcohol were detected in the portions of liver and kidneys.

Discussion.—The immediate cause of death, in this case, was embarrassment of the action of the heart by accumulation of blood in the pericardial cavity, coming from a rupture of the aneurysm at the beginning of the aorta. Alcohol as well as excitement before sexual intercourse as was indicated by the statement of the woman concerned and presence of semen coming out of the penis might have been the precipitating causes.

Atheroma is a variety of arterial degeneration which affects and is almost confined to the intima and becomes more marked with advancing age. It is caused by chronic lead poisoning, gout, etc. Syphilis has no connection with atheroma. Again atheroma itself does not, as a rule, lead to aneurysm. But the atheroma may be associated with degeneration of the media, and in that case, a general dilatation of

the aorta is commonly seen. Circumscribed aneurysm may, however, also take place, though very rarely, from severe degeneration of the media.

A circumscribed aneurysm limited, as in this case, to the beginning of the aorta within the pericardial sac, seen more frequently in males, especially amongst hard manual workers, soldiers, sailors, etc., and in the 4th decade of life, is usually caused by severe medical degeneration from syphilitic inflammation.

Hence the sex, the age and the habits of the dead man, the site and type of the aneurysm and enlargement of the heart with coronary sclerosis, all lead one to think that the aneurysm of the aorta in this case was due to syphilitic mesaortitis causing weakening of the arterial wall.

CEREBRAL SYMPTOMS AFTER MEPACRINE *

By A. T. ROY, L.M.F.
Purulia Leper Home, Purulia

THE following case report appears of interest :—

A female, aged 20 years, had an attack of fever, and was admitted to the hospital on 13th March, 1945, with high fever. A blood film was examined, and tenue forms of malaria parasites were found. The next day mepacrine one tablet twice daily was prescribed, preceded each time by an alkaline mixture. After taking four tablets of mepacrine, the patient developed peculiar symptoms, staring at the nurses, restlessness, and talking incoherently. She became violent and ran away from the hospital two or three times. She was brought back and kept under restraint, and an injection of morphine was given. Blood was again examined three days later, but no malaria parasites could be found.

The patient gradually became very violent and had to be kept under close restraint. She remained for four months in this condition, shouting all day and night, breaking panes and windows, and tearing clothes supplied to her. She then began to quieten down, and took another month to come to the normal state. She was discharged from the hospital on 6th September, 1945.

On enquiry no history of lunacy could be traced in her family.

Cerebral symptoms of a violent type developing during or shortly after the administration of only four mepacrine tablets, and lasting for a considerable length of time without being fatal, are striking points in this case.

A CASE OF LYMPHOPATHIA VENEREUM (LYMPHOGRANULOMA VENEREUM) IN BENGAL

By L. M. GHOSH
and
D. PANJA

School of Tropical Medicine, Calcutta
(Medical Mycology Enquiry, Indian Research Fund Association)

A BENGAL male, aged 32 years, a clerk, came on the 22nd September, 1945, for treatment of buboes with

* Paper condensed by the editor.