Physical examination

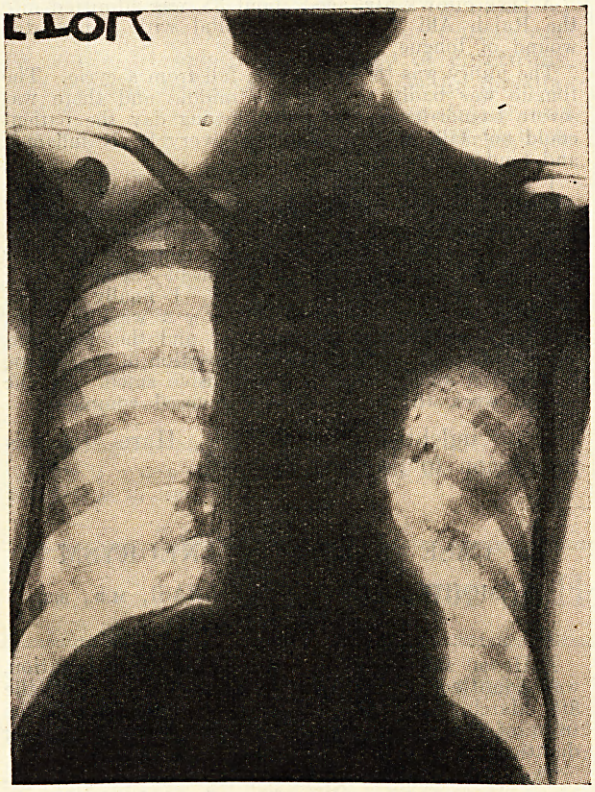
Local condition.—There was a large tender, soft, fluctuant, convex, somewhat lobulated swelling measuring 5 inches vertically by 6 inches transversely which extended from the right sterno-clavicular joint to the middle of the left clavicle and from a level just below the thyroid notch on to the left side of the neck, down to the level of the 2nd left rib, covering the manubrium sterni. The swelling displayed marked expansile pulsation. There was a round, dry, brown scab about one inch in diameter on the skin over the summit of the swelling which had been produced by application of some counter-irritant.

Heart sounds in the mitral and tricuspid areas were feeble, no sounds were heard over the pulmonary and the aortic areas, nor over the swelling.

The radial and brachial pulses were not perceptible, pulsation in both the femoral arteries was feeble.

The pupils were normal, regular and reacted equally on both sides.

The patient's general health was poor. He was very anæmic and ill-nourished. The tongue was red and fissured, and the teeth were unhealthy. The liver and spleen were not enlarged. The temperature was elevated to the region of 100°F. He had a troublesome cough and crepitations were audible over the lungs. The circumferential extent of the swelling in the coronal plane is evident in the print of the *x*-ray film which is given below:—



On 10th March the patient sank rapidly, and retaining consciousness almost to the end, he died at 10-25 a.m. on that day.

On 12th March a necropsy was performed by the civil surgeon, Simla, which revealed a large aortic aneurysm extending from just distal to the aortic valve as far as the commencement of the descending aorta. The sternomastoid muscles were stretched over and closely adherent to the wall of the sac. The sac was full of blood clot which weighed 1 pound and 8 ounces. The greater part of the clot was soft and red. The wall of the sac was lined by pinkish-white organized thrombus.

The inner lining membrane of the sac showed irregular diffuse atheromatous thickenings. The heart was not enlarged and its valves were healthy.

The orifices of the great vessels springing from the aortic arch could not be detected from within the sac. The manubrium sterni had been almost completely destroyed. There remained only a ragged remnant at its junction with the body of the sternum extending up obliquely to the right first chondro-sternal joint. The cartilage of the left first rib was missing, the ragged sternal extremity of the left first rib abutted on the sac wall. The right first chondro-sternal junction was intact.

The right sterno-clavicular joint was destroyed exposing the intact articular sternal end of the clavicle.

The medial half of the left clavicle was destroyed, the ragged end of the remnant abutting on the sac wall.

The lungs showed capillary bronchitis with frothy and muco-purulent secretions in the bronchioles.

The stomach, small and large intestine, spleen and bladder were normal.

The liver and kidneys were congested. The brain was congested and œdematous.

My thanks are due to Lieut.-Colonel A. Sargood Fry, I.M.S., Civil Surgeon, Simla East, for his permission to send these notes for publication.

TREATMENT OF A CARBUNCLE (NON-DIABETIC) PATIENT WITHOUT ANY SURGICAL INTERFERENCE

By J. B. DAS, M.B. (Cal.)

Kodarma, Hazaribagh District

A MALE, aged 38 years, came to me on 22nd February, 1939, with a very extensive ulcerated non-diabetic carbuncle, on his left scapular region. The whole of the back on that side was œdematous, and red, extending over the shoulder and front half of the chest. He was running a temperature of 103°F. The pulse was rapid and tongue coated. On that day magnesium sulphate compress (saturated solution) was applied, and mistura alba was given. Prontosil album, one tablet thrice daily by mouth, was given for the first three days. With the application of magnesium sulphate, and prontosil, the spread was checked. On the third day the temperature came down to normal with the localization of the abscess, after that I applied cod-liver oil dressing for 12 days—the dressing was changed, twice daily for the first six days and once a day for the next six days. The slough disappeared very quickly without any surgical measures. Healthy granulations formed in a very short time and the size of the ulcer gradually became very small. On the 12th day it was found that the base of the ulcer was quite healthy with a very scanty discharge. Next I applied scarlet red ointment on lint over the margin as well as over the ulcer and the dressing was removed after 48 hours and the ulcer totally healed up on the 25th day, that is on 18th March, 1939. The skin grew over the part without any scar.

Points of interest are :—

1. The immediate effect of prontosil and magnesium sulphate compress for checking the spread of the disease.
2. The effect of application of cod-liver dressing.
3. No incision required.
4. No scar formation.