says: "If the fracture is simple, and there is no wound in the scalp and no symptoms of injury to the brain, it would be the worst practice in the world to make an incision into the part, and perform the operation of trephining; for by this means you make what was before a simple, a compound fracture. If the fracture, however, be compound, the treatment must be very different, because a compound fracture is followed very generally by inflammation of the brain; and it will be of no use to trephine when inflammation is once formed; in these cases, it is necessary to trephine." The treatment, however, of the surgeons of the present day is not in strict accordance with this rule, especially as regards children; the "expectant practice" is more adopted. During the last few years, two cases very much resembling the preceding have been admitted into the wards of St. George's Hospital: the one a little girl, under the care of Mr. Hawkins; the other a boy, under Mr. Johnson. In both there was a compound fracture of the skull, with considerable depression; in both, there was a total absence of all symptoms of compression; in both, operative measures were not resorted to; and both made a good recovery. This line of practice, however, should not be relied on too implicitly; in fact, in this, as in every other class of cases, the surgeon must be guided to a certain extent by the circumstances of the case.

MEDICAL COLLEGE HOSPITAL, CALCUTTA.

IODIDE OF POTASSIUM IN THE TREATMENT OF ANEURISM.

By S. G. CHUCKERBUTTY, M.D.

[Concluded from page 64.]

COLLYER was admitted about the early part of December 1860. He had been formerly a soldier, and was now a policeman. He had generally enjoyed good health until a few months ago, during which he had been suffering from a cough and hoarseness; he had had various remedies, but felt no better. He was a strong, muscular man, rather tall and well made. He had, when he came to us, a troublesome cough, hoarseness of voice, considerable dyspnoea, and inability to lie down. The skin on the left side of the upper part of the chest was of a purple colour, and traversed by enlarged and tortuous veins. The veins of the left side of the neck and left arm were also large and tortuous. There was hemiplegia on the left side, and shooting pain along the nerves of the left arm. The left radial pulse was weak. There was slight prominence of the infraclavicular region, a thrill distinctly felt by the hand, and also an impulse which was made more evident by the stethoscope. The percussion-note was dull; a ringing sound was heard on auscultation. The heart-sounds were heard in the interscapular region. There was no murmur either here or in the precordial region in front. Pulsation was observed in the left and right carotids and subclavians. The dysphagia was considerable.

He was given at first digitalis and hydrocyanic acid, without any alleviation of the sufferings. The iodide of potassium was then prescribed, and from this he felt great relief. The impulse grew weaker; the sounds more muffled; the thrill less; the swelling disappeared; the veins generally less distended; the purple discoloration of the skin *nil*; the shooting pains, hemiplegia, dyspnoea, dysphagia, and hoarseness of voice, were all greatly ameliorated. Finding himself so much improved, he thought he was quite well, and, in spite of my remonstrances, went home to spend the Christmas with his family.

He returned, however, to the hospital in April next, with all his miseries fearfully aggravated. The tumour in the left infraclavicular region was now much larger;

the pulsation in it stronger; skin over it more congested; great pain in the chest and left arm; great dyspnoea, cough, and dysphagia; the dulness under percussion was considerable, but the cardiac sounds still muffled. He was now altogether in a state of 'great agony'; and, although the iodide of potassium was again prescribed, he expired in a few days, during my temporary absence from town on the 26th of April, 1861. The tumour was preserved in spirits; and I examined it afterwards, when I made the following notes.

The aneurism was of about the size of a child's head, heart-shaped, with the apex directed towards the left lung, to the upper lobe of which it was adherent; the base was directed from above downwards. The sac of the aneurism seemed to be formed by the outer and middle coats; the internal being atheromatous, and wanting over the greater part of the tumour. The commencement of the aneurism was about three inches from the aortic valves, which, and the rest of the heart, were quite healthy. The cavity of the aneurism was occupied by a very large, heavy, and dense mass of coagula, leaving a channel along the upper part of the arch continuous with the descending aorta. The opening of the innominate artery communicating with the aorta was very much narrowed, so as to admit, with some difficulty, a porcupine quill, the point of which was arrested by a valvular fold, occasioned by a corrugation of the lining membrane, on attempting to pass it from the common carotid downwards. The porcupine quill also passed from the subclavian through the innominate into the aorta; the calibre of both the right subclavian and carotid singly being a good deal larger than the orifice of the innominate, which lay in the right wall of the aneurism at its commencement in the aorta. The left common carotid was pervious, and its opening into the aorta slanting and valvular. The left subclavian was perfectly pervious, and of natural calibre throughout. There was no tear in the sac of the aneurism. The right bronchus and trachea were free from abnormalities; but in the left bronchus, about an inch and a quarter from the bifurcation of the trachea, there was a large hole communicating with the aneurism, into which the little finger might be passed.

Besides the above, I have employed iodide of potassium in the treatment of several other cases, one of which is still in the hospital, with the same result. The following is an account of the man now undergoing treatment.

Motty-Lal Doss, a Hindoo, aged 48, was admitted on Jan. 24th, 1862. He stated that in the 22nd year of his age, he had an attack of rheumatism, which was preceded by gonorrhoea and bubo, and lasted for about a year. It had affected all the larger joints, some of which were swollen and painful. There was no pain in the cardiac region, nor anywhere else about the chest. Since the cure of that disease, he enjoyed pretty good health till about a year and a half ago, when the present disease commenced. His occupation (which he had not been able to follow for the last fourteen months) exposed him to privations and toils, both mental and physical.

The present complaint began with a bad cold and fever, accompanied by pain all over the body. He got rid of all these save the pain in the chest, which continued to recur in irregular paroxysms; sometimes commencing in the back, and sometimes in the shoulders, and thence shooting to the front of the chest. The pain he described as being like what would be caused by something compressing the chest, and producing difficulty of breathing. It generally seized him while in the act of making some exertion, such as walking, and went off after a little rest. In this state he continued for about a month, and was then relieved by the use of some native medicines. He did not perceive any swelling of the chest at that time. He remained now well

enough, by observing a strict regimen, until November last, when he had an attack of fever and cough, with the return of the old pain in the chest. The fever went off in a week; but not so the cough and pain. He now perceived, for the first time, a small swelling in front of his chest, which in the course of twenty-four hours acquired double its present size. He had a severe cough and loss of appetite at the time, but no hæmoptysis.

Present Symptoms. He was now sitting on his bed, with the head erect, and slightly inclined to the right, breathing tranquilly, but as if it were with a weight on the chest. The veins of the neck were distended; the lips slightly livid. The body was somewhat emaciated; the conjunctivæ were reddish; there was no great anæmia; the tongue was clean and moist; the bowels regular; the appetite good. Pulse feeble, and equal at both wrists. The anterior aspect of the chest was broken of its usual symmetry by an oval tumour, situated a little above the middle of the sternum, encroaching more upon the right side. It was about two inches in diameter, and bounded above by the cartilage of the first rib of the right side, and below by that of the fourth; those of the second and third ribs seeming to be included in its substance, bent forward, and much absorbed, allowing a portion of an elastic fluctuating mass to project between them. The tumour was shaped somewhat like a dome, with a broad base and an obtuse apex. The skin over it was smooth and moveable. Its middle portion presented a sense of fluctuation when pressed by the fingers, while its base was firm and hard, and seemed to fade gradually into the surrounding tissue. The impulse was felt over the whole of the sternum; and a purring pulsatile thrill was evidently in the most prominent and soft part of the tumour itself. The tumour was dull under percussion. Both sounds of the heart were heard distinctly over it; but the second sound was sharp, of a ringing character, and attended with an impulse. The cardiac dullness was of natural size, but considerably pushed down from its usual situation. The cardiac sounds over the apex were natural; at the base, the second sound was ringing, and attended with an impulse. In the left interscapular space, the respiration opposite to the superior angle of the scapula was bronchial, and attended with a little sonorous rhonchus. In the right corresponding part also, there was sonorous rhonchus. The cardiac sounds were heard in both without murmur. All the portions of the chest were not thoroughly examined, for fear of exhausting the patient, who had already been too much troubled by a rather prolonged examination. He could not lie on his back or the right side on account of difficulty of breathing. He complained of a pricking sensation within the tumour; but felt no pain when it was pressed by the fingers. Walking, straining at stool, and any sort of exertion, increased the pain and difficulty of breathing. He coughed now and then, and had been bringing up small quantities of blood with his sputa, which were gelatinous and of a pinkish hue. A pulsation was also felt in the epigastric region immediately below the ensiform cartilage. He had some difficulty in swallowing solid substances; no difficulty of breathing when sitting quietly; no fever; no arcus senilis.

This patient was given oil of turpentine, sulphuric acid, and other remedies, till February 4th, when, seeing there was no improvement, I prescribed for him iodide of potassium internally, and subsequently added the application of tincture of iodine to the tumour. Since then he has been steadily, though gradually, improving in every respect; the thoracic pain has disappeared; the swelling has grown less; the impulse and sounds muffled; the thrill null; hæmoptysis null; and he eats and sleeps like any other man. As he is still in the hospital with a small remnant of the once large tumour, it will be interesting to watch what turn his case may hereafter take.

In the foregoing cases the single fact that prominently comes out is the consolidation of the aneurismal sac, contrary to all preconceived notions respecting the action of the iodide of potassium; but as that is the object we aim at in the treatment of intrathoracic aneurisms, it will be readily conceded that if the iodide of potassium will always do that, it will prove to us of the greatest service.

Transactions of Branches.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

PRESIDENT'S ADDRESS.

By HENRY DUNCALFE, M.R.C.S., West Bromwich.

[Delivered June 20th, 1862.]

GENTLEMEN,—I have the honour to address you as the President of this important Branch of the British Medical Association; and whilst I regret the cause which has deprived you of the valuable services of the President-elect who should have occupied the chair to-day, I cannot but express the great pleasure and satisfaction I experience from this token of approval which you have bestowed upon me.

When your secretary communicated to me your choice of election, I hesitated to take upon myself the duties of so important an office, for I felt how little adequate I was to discharge those duties as they have hitherto been discharged by my predecessors, to the great benefit of the association, or even to my own satisfaction; and I knew how ably and efficiently the duties would have been fulfilled by other energetic members of this society. But, gentlemen, I felt on the other hand, how little choice given to me—the annual meeting was fast approaching—I was grateful for your approval of my worthiness to hold the presidential chair at all—I was glad of the means afforded me to show that I have a deep interest in, and a hearty zeal for, the success and welfare of this association; and by accepting office I give the best proof I can adduce of my estimation of the desirableness and utility of such societies.

I am prompted by a natural desire to speak of the merits of that profession, which has now for many years occupied my most earnest attention; and too much cannot be said in praise of a profession whose foundation is science, and whose end is the cure of disease. History has recorded the difficulties with which the science of medicine has had to contend, and the numerous obstacles which have been raised to check its progress and advancement.

It has been stated by a recent medical writer, that medical science requires precision and exactitude, and that, unlike the physical sciences, it has no primitive law. There have been those who have endeavoured to establish a law—a primitive law—which should give exactitude to vital phenomena, and with what effect? Not to the enlargement of the domain of the science, but to its degradation and their own ruin. Solidists, humorists, and vitalists have had their day, and have passed away. The maxim with others has been “exact imitation” and attention to certain technical laws; and by their theories and practice they have mechanised the profession, and destroyed the principles of medical science, whilst they have contracted and given a fixedness to those laws, which must have the widest interpretation. Precision and exactitude cannot be given to phenomena accompanied by circumstances so complicated in their nature, and fluctuating in their operation, as to set at defiance every attempt to exclude their presence, or to neutralise their influence, or to appreciate and allow for the extent