ation had extended completely through the cervix, so as to have entirely separated the uterus from the vagina; the line of separation being as sharp and clean as if effected by the knife. The fundus and body of the uterus externally presented no abnormal appearance; but, on making a section, the middle, and still more especially the internal muscular coats, as well as the lining mucous membrane, were found to be much inflamed, the evidences of inflammation being most marked in the lower portion. The vagina was, particularly near the vulva, also in a state of intense inflammation, and had sloughed considerably on its anterior wall.

SIMPLE PNEUMOTHORAX, WITH COMPLETE RECOVERY.

By SAMUEL WILKS, M.D., F.R.S.,
Physician to Guy's Hospital, etc.

CASES of this kind are sufficiently rare and remarkable to warrant a record of them in the JOURNAL. Besides the case presently to be mentioned, I have never seen but two other examples of the kind, pneumothorax being nearly always associated with well marked phthisis, empyema, or injury. The first case was that of a young man who, whilst engaged placarding the walls in his avocation of bill-sticker, suddenly fell to the ground, and was brought to the hospital in an apparently dying state. He was gasping for breath, which was immediately seen to be due to a rupture of the lung, as the left side of the chest was universally tympanitic. Paracentesis was discussed; but, as he soon rallied from his collapsed condition, it was postponed. On the following day, the disturbed circulation had become somewhat restored, and he then made a speedy recovery, without a single symptom denoting any pulmonary or pleuritic disease.

The second case I saw was under the care of the late Dr. Hughes, and occurred in an elderly man who had been the subject of winter-cough and shortness of breath. He was suddenly seized with intense difficulty of breathing, which was found to be due to an universal pneumothorax on one side. He was previously well, had no symptoms of any pulmonary disease, and made a complete recovery. Dr. Hughes suggested that he had ruptured a bullous portion of an emphysematous lung.

The following case I saw in consultation with Mr. Halls, of Horsley-down and Croydon, who has furnished me with the following particulars. Mrs. P., aged 30, eight months advanced in pregnancy, was quite well up to May 7th, when she thought she took cold from sitting near an open window; but she was not ill enough to seek advice or keep indoors. On the 17th, she was seized with difficulty of breathing, and sent for Mr. Halls. He found her suffering from great distress of breathing; and, on examination, that she had complete pneumothorax of the left side. She was continually coughing, which seemed to be of a nervous or spasmodic kind. These symptoms continued, and on the 19th I saw her. The breathing was very quick and gasping, as of impending suffocation. The whole of the left chest was hyperresonant, and not the slightest breath-sound could be heard. On coughing, no metallic sounds could be detected, or other signs showing a present communication between the lung and pleural cavity. The chest was of normal size. The question of treatment was anxiously discussed. We considered that, if there had been good evidence of the existence of a hole in the lung, and if at the same time the chest had been bulging, we should have been warranted in tapping the patient; for, even had we made a free communication between the chest and the external air, this condition would have been better than one where air was forcibly pumped into the chest and was exerting a baneful pressure on the heart and surrounding parts. If, as we believed was the case, the ruptured lung had already closed, there arose the question of the propriety of tapping the chest by a valvular trocar or aspirator, so as to pump off the air and allow the compressed lung to expand. As, however, the dyspnoea was less urgent than at the onset, and the circulation had already partly accommodated itself to the altered circumstances, we thought we would wait. We gave a doubtful prognosis, because we stated that, if the urgent symptoms passed off, it was probable that a pleurisy would result, and that months might elapse before recovery took place by means of contraction of the chest. Our fears were, however, falsified; she was soon afterwards delivered of a healthy child, and made a good convalescence. She went into the country; and, when she returned three months afterwards, Mr. Halls found her perfectly well. She could walk uphill without any difficulty; her breathing was natural; and, on examination of the chest, there was a good natural breath-murmur all over the chest. I saw her to-day (in the beginning of December), and she was quite well.

ON THE DURATION OF AN IMPRESSION CAUSED BY PRESSURE ON THE SKIN.

By ALEXANDER FLEMING, M.D., F.R.C.P.,
Consulting Physician to the Queen's Hospital, Birmingham.

IN the examination of applicants for life-assurance, I have for many years made a practice of observing the mark on the forehead caused by the pressure of the hat, and noting the degree of impression and the length of time required for its effacement—the intensity and permanence of the mark, like the indentations on the side of the tongue, for the most part indicating debility or want of tone. The observation thus in some degree helped me to a knowledge of the constitution of the applicant; but, as will be readily understood, the mark varies much with other circumstances influencing pressure on the forehead, as the shape of the head, the form and material of the hat itself, and so lessening its utility as a sign. These observations led me to think that some useful hints in practice might possibly be obtained by determining more accurately the degree and duration of an impression on the skin produced by pressure. Hence my reason for devising the instrument represented in the adjoining figure (1), which is about one-fourth of its real size.

Fig. 1.

The instrument consists simply of three weights, of 1 lb., 8 oz., and 4 oz., sliding over a central rod, and fixed by a screw at the top: the entire weight is thus 1 lb. 12 oz. Below is a stamp (see fig. 2), one inch in diameter, and divided into four compartments. The points and radiating lines of the die are flattened, while the rings and the transverse lines have a sharper edge.*

Fig. 2.

The impression on the skin is produced solely by the weight of the instrument, the strap serving simply to keep it in place. It may be applied to the forehead, the fore-arm, or the back of the hand. In making an observation, I have found five minutes to be the most suitable time of application. At the end of that time, a well marked impression of the die is produced on the skin, and occasionally the surface is at the same time a little reddened. The time required for the effacement of this impression varies much. I have seen it pass away completely in three minutes, while in other cases traces of the mark may be observed for twenty or even twenty-five minutes. The more vigorous and the more healthy the individual, the more quickly is all trace of the impression removed.

These observations can only be made satisfactorily in the wards of a hospital; and, unfortunately, very soon after I had commenced to make them, my health gave way, and I have not since had an opportunity of resuming them. I notice the subject now, chiefly in the hope that some young hospital physician may be induced to resume the observations, and conduct them on a scale sufficient to determine the practical value of the indications thus furnished.

Had I been able to prosecute the subject, it was my intention to examine the effect in health, on the time required for effacement, of heat, cold, electricity, fatigue; of stimulants; and of several medicines, as iron, antimony, opium, atropine, and strychnia; as well as to note the changes produced by acute and chronic diseases.

* The instrument was made for me by Messrs. Salt and Son, Bull Street, Birmingham.