cases, however, to which I was called in consultation, and in which no local treatment had been carried out, the disease had spread to the larynx, and they all died.

When the larynx has become implicated and the respiration shows signs of becoming impeded, the propriety of performing tracheotomy has to be determined upon. Some, I believe, are averse to the performance of this operation at all for this disease, contending that the patient nearly always dies afterwards. My own opinion, however, is that it should always be performed early, should symptoms of impeded respiration begin to show themselves. If it is clear that the obstruction is in the larynx or trachea, or both, then the sooner tracheotomy is performed the better chance is there of recovery. The patient must not be allowed to die from suffocation. Of course I need hardly say that the condition of the lungs should be ascertained beforehand, for if the obstruction to respiration be in them, from an extension of the disease through the bronchi, or from collapse of a considerable portion of lung tissue, it would be of little use to open the trachea. What, then, are the conditions which should lead us to determine to perform tracheotomy. I would answer, that if the respiration is becoming rapid with stridulous breathing, if the chest walls are drawn in even slightly during inspiration, and if the patient is becoming more restless and the countenance anxious, and provided that the state of the lungs does not contraindicate it, the sooner the operation is performed the better chance is there of recovery. After the operation has been performed, the cannula must be kept thoroughly cleansed, and constant watchfulness will be necessary to prevent it becoming clogged with portions of membrane.

It must be remembered that in proportion to the difficulty of getting air *into* the lungs, through the obstructed larynx, in like manner there may be difficulty in getting air *out* of the lungs from the same cause, thereby giving rise to pulmonary emphysema. Even after the trachea has been opened respiration may still be impeded by portions of false membrane or purulent mucus obstructing the passage, and the act of trying to remove these by suction of the mouth, through a tube or otherwise, has caused several heroic members of our profession to lose their lives. A ready method of removing diphtheritic and croupy exudations from the trachea after tracheotomy devised by myself, in the form of an aspirator, which may be extemporised on the spot, was described in THE LANCET of Dec. 13th, 1884. In the ordinary quart aerated-water bottle, with syphon tap, as supplied by most chemists and aerated-water dealers, we have all the apparatus that is required, with the exception of a foot or two of rubber tubing, and two or three metal unions, made to fit the different sized tracheotomy cannulas; but even these unions may be dispensed with. The rubber tube is slipped over the tap, and one of the unions is affixed to the other end. To produce the vacuum, the bottle is immersed up to its neck in a large tin saucepan or other suitable vessel containing water. The water, with the bottle thus immersed, is then brought to the boiling point by placing the vessel over a fire, the syphon tap being kept open to allow of the escape of the expanded air. The bottle is retained in the boiling water until air ceases to escape from the tap, when the bottle is removed from the boiling water and placed aside to cool with the tap closed. When it has cooled, a vacuum will have formed, possessing great suction power. The apparatus can be made by anyone in a case of emergency with an ordinary bottle, having a closely fitting perforated cork, through which passes a piece of glass tube, on to which the rubber tube can be affixed. In this case, when the vacuum has been obtained, it can be preserved by clipping the tube with a clip or by tying it.

(To be concluded.)

OCCURRENCE OF A RASH IN INFLUENZA.

By H. P. HAWKINS, M.B., M.R.C.P.

ONE frequently sees a patchy erythematous rash mentioned in connexion with the present epidemic, but I have found no more precise description. About 1000 cases of influenza have now been seen at St. Thomas's Hospital. Of these a large number have been fairly accurately examined, and all have been asked if they have or have had any rash. As the result, six cases have been seen to have an eruption presenting a certain degree of similarity in appearance and position, and the patient in a seventh case described an eruption which seems to have been of the

same nature. One man was covered with well-marked urticaria, and a large number had labial herpes.

CASE 1.—J. C.— came to the hospital as an out patient. He had a roughly circular patch slightly raised over the back of each elbow, passing at its periphery into patches and spots of similar appearance, especially numerous along the back of the forearm. The colour was the bluish-red, such as is seen on the cheeks in measles, disappearing completely under pressure. A similar condition existed on the legs; there was a large patch on the patellæ, with smaller patches and spots down the shins. There was a slight blush on the chest, but nothing more than is often seen in fever from any cause. This patient had had eighty grains of salicylate of soda before the rash appeared. A few days later, while the rash on the arms was fading, a crop of spots arose on the backs of the hands, of urticarial appearance, considerably raised and paler than the surrounding skin, but not itching.

CASE 2.—W. B.— had a similar rash to Case 1 on the front of the knees and shins with a slight blush on the chest, but nothing on the arms; he had no medicine before its appearance.

CASE 3.—H. D. L.—. The arms showed the same rash, but it was on the flexor surface, and there were a few spots on the legs. The patient had had no medicine.

CASE 4.—H. S.—. The chest, abdomen, and back of this patient were covered with a continuous bluish-red rash, which, judging from the edges and outlying spots, was probably composed of confluent patches; it ceased abruptly at the level of the clavicles. The elbows and knees had the same appearance as those of Case 1; there was the same patch on the olecranon and patella, with discrete spots around; the colour was the same, but it was rather fainter. This patient had had a saline draught, but no quinine, antipyrin, or salicylate of soda, the three chief erythema-producing drugs.

CASE 5.—H. T.—. The elbows and backs of the forearms exhibited an eruption having the colour, appearance, and arrangement described under Case 1. This patient had had no medicine.

CASE 6.—N. B.—. The elbows and backs of the forearms were spotted as in Case 1. From the middle of the front of the thigh to the ankle on both sides, having its greatest intensity and degree of confluence over the patella, was a livid, slightly raised hæmorrhagic eruption in spots and patches; there was not a single spot to be seen on the backs of his legs. This patient had had no medicine, and had never suffered from purpura before.

CASE 7.—This patient, a woman, did not come to the hospital until she began to suffer from the secondary bronchitis. She said that on the day after the onset of the illness her chest and abdomen became covered with large "red blotches and spots," without itching; but she had noticed nothing on her arms or legs.

These seven cases certainly bear a family resemblance, but their number (7 out of 900) is so small that one would hesitate to admit for the rash any relation to the specific disease influenza, unless its occurrence has been noted at the other large hospitals.

St. Thomas's Hospital.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CASE OF RHEUMATIC FEVER.

By W. EVELYN ALSTON, M.D. ED.,
SURGEON-MAJOR.

FEW cases give rise to more anxiety to the medical attendant and are of greater moment to the unfortunate sufferers than those of acute rheumatism; may it not be added too that few cases of acute disease in their treatment are less satisfactory? I place, therefore, before the readers of THE LANCET the case of my own son, a fast-growing lad of sixteen, whose recovery from this disease has been very remarkable. I must premise that last year, as for the previous two years, I moved with my family to Ilkley for the summer holidays, and that ten days before the termination of the tenancy of my house on Sept. 16th, the lad was laid up, unable to move, both knee-joints being