

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

especially painful; the morning and evening temperature was 100° and 102° respectively.

On the following day, the 7th, a copious deposit of lithates was present in the urine, with sore-throat. Temperature 100° and 101·4°. On the 8th the right arm was painful and the throat more inflamed. The lithates had disappeared. The next day the left wrist was painful and swollen, and on the following four days I note that the right ankle and the left and right knees again became inflamed. The average morning and evening temperature was 100·6° and 101·2°. Being obliged to clear out of my house on the morning of the 16th, it became an anxious question as to what was best to be done. The patient was extremely weak, and the left knee-joint acutely painful. Lodgings, with their attendant discomforts, or a trial of what seemed to me a rational treatment by steam and other baths, with the cheerful surroundings of the Craiglands hydro-pathic establishment, were the two alternatives. Deciding upon the latter I accordingly asked Dr. Dobson, to whom I was known, to kindly come and see my son, which he did, and remarked that "the sooner he comes to me the sooner he will get well." Accordingly on the following day, the 14th, the patient was with much difficulty, owing to the condition of the knee, removed to Craiglands, and carried straight into the so-called Russian bath; profuse sweating of course took place, but he was able on coming out to stand on the affected limb, and with assistance hobble to his chair and thence to bed. On the 16th he was able to sit up and walk to the w.c. On the 17th he was able to walk downstairs to the bath and back; and since this he has made steady and uninterrupted progress, so that on the 28th I find he was able to take a walk of about two miles and a half in this hilly place.

With regard to treatment antecedent to his removal to Craiglands, sinapisms locally, and salicine in five-grain doses for the first twenty-four hours, and subsequently full doses of alkalies, with ten and five grains of quinine morning and evening, were given; yet at the end the patient had lost twelve pounds in weight with an undiminished temperature and an acutely inflamed knee-joint; but that in fifty-six hours after taking the baths, and without medicine, he was able to walk downstairs and back without assistance. Such a result, while a matter of much thankfulness to myself, has, I need hardly say, made a deep impression on me in a professional sense; to my brother graduate, however, with his great experience in the efficacy of this treatment, the case presented no exceptional features, and that from the first he had no doubt of the result. Why, may I ask, should not a steam chamber and needle bath be a necessary equipment of every hospital? Not alone in the treatment of acute rheumatism would it often be of the greatest value.

Sandgate.

#### A CASE OF TRIPLETS, COMPLICATED BY PUERPERAL CONVULSIONS; RECOVERY.

BY MARTIN FOX, L.R.C.P. LOND.

IT seems to me that the following case, from its rarity, is worth recording.

In September, 1887, E. H—, aged thirty-two, first came under observation. She stated that she was between six and seven months pregnant. She already had three healthy children, and there was nothing abnormal about her previous pregnancies or confinements. Up to the time of her present illness she had always been healthy and robust, and no history of previous kidney mischief could be obtained. This time, however, from about the fifth month she had noticed some puffiness about her face and lower limbs, which kept increasing in extent. On being first seen it was noticed that the uterus was greatly distended, so much so that it was thought she had made a mistake in her "reckoning." In addition, she presented the characteristic appearance of a person suffering from albuminuria, the whole body, especially the face, lower limbs, and abdomen, being very oedematous. The urine, which was scanty in quantity, was found to be loaded with albumen. Despite medicinal and dietetic treatment her condition did not improve, and in about a fortnight, at 3 A.M., a messenger stated that labour pains had commenced and requested immediate attendance, as the woman was "in a fit." On arrival the convulsion was over, and on examination the os was found to be partially dilated. Before

waiting long, however, a second severe convulsion occurred, when chloroform was administered by my then principal, Dr. Holden of Preston. The os now dilated rapidly; on rupturing the membranes more than a usual quantity of liquor amnii escaped, and almost directly a not fully developed, though living, child was born naturally. The uterus not having diminished much in size, on examination the breech of a second child was found presenting; no difficulty was experienced in bringing down a leg and effecting delivery. Still the uterus was unusually large, and on again examining a third bag of membranes was discovered with the head of the enclosed child presenting. As it seemed expedient to deliver as rapidly as possible, I passed my hand into the uterus, seized a foot, and delivered without delay. A very large, single placenta, with the three cords attached, was in due time "expressed"; there was now some considerable hæmorrhage, the uterus feeling large and flabby, but after "kneading" for a time this soon ceased, and the uterus became firmly contracted. While under the influence of the anæsthetic the patient was not convulsed. Unfortunately, however, the attacks did not end with the delivery, but recurred at intervals throughout the day; between the fits she remained quite unconscious, and as she was unable to swallow, a full dose of chloral was administered per rectum and repeated. This seemed to check the frequency of the attacks, and on the following day she had only one convulsion, and was capable of being roused sufficiently to take nourishment and medicine by the mouth. After this she had no more convulsions, and on the third day she was better, though still drowsy. From this time she kept gradually improving, the urine greatly increasing in quantity, and the oedema decreasing in proportion. At the end of three months, having in the meantime been taking tincture of the perchloride of iron, she was quite restored in health, and the urine was free from albumen.

I may state that all three children lived for a time—one died a month after birth, another in two months, while the third lived for seven months before it succumbed to mesenteric disease. To complete the history of the case, I must add that the woman has had no subsequent illness, and is at the present time in good health, having been again confined of a healthy child now some six months ago.

Colleshill.

#### RUPTURE OF PERINEUM; IMMEDIATE OPERATION; SUCCESSFUL RESULT.

By J. M. SMITH, M.B.

THE short notes of the following case may have some interest for those readers who practise midwifery.

On Sunday, Sept. 8th, I was called about 11 A.M. to Mrs. K—, a primipara, aged twenty-six, for her confinement at full time. She seemed a healthy, well-formed woman, though rather short in stature. On examination I found everything all right—a head presentation, with full-sized pelvis. The pains were regular and strong. There was no unusual rigidity of the perineum. I called again at 2 P.M., when the os was fully dilated and the pains strong. At 3 P.M. the head descended on the perineum, and the bearing-down pains became very strong, with short interval between, the labour terminating about three-quarters of an hour afterwards. Recognising danger to the perineum, I gave all the support to it I could, after the manner recommended by Dr. Playfair; but, in spite of all my efforts, as the head was rounding the arch of the pubis, the perineum gave way, and the birth of the shoulders caused the rent to go right back and through the sphincter ani. The child was very large, and reckoned to weigh between 11 and 12 lb. There was no excessive hæmorrhage, and the patient did not suffer from shock. Believing that such an accident should be surgically treated at once, I exposed the patient to a good light in the lithotomy position, and stitched the wound with three deep sutures of silk by means of a large curved needle. As I got very good coaptation, I used no superficial sutures. Dressing the wound with salicylic wool, and using the catheter, I told the patient to lie on her face as much as possible. I kept the bowels closed till Sept. 16th, when I administered an enema. Next day I removed one of the sutures, and two days afterwards I removed the other two. On the 17th the bowels acted without an enema or medicine, and on examination on the 20th complete union of