It is, of course, impossible to say when the stenosis provided a serious mechanical embarrassment to the heart, but it seems likely that the pathological process was initiated in her teens. Possibly a minor degree of stenosis may in later years become more severe by accretion of atheromatous material leading to further fibrosis and calcification, but one can only speculate about this.

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Medical Memorandum

Influenza Studies in General Practice in the Glasgow Area

In continuation of investigations of influenza-like illnesses in general practice, initiated in 1954 in association with influenza vaccine trials (Grist, Sommerville, and Carson, 1957), 252 patients were studied in the period November, 1956, to April, 1958. Serological tests showed rising titres of antibody indicating type A infection during the spring and autumn of 1957 (the Asian epidemic), and during the recrudescence of Asian influenza which ended in April, 1958 (Table I). No cases of type B or C infection were detected; one case in 1956 showed rising titres of antibody to Sendai virus.

Four patients aged 28, 45, 54, and 61 years showed fourfold or greater increases in complement-fixing antibody to adenovirus; three were tested for neutralizing antibodies and showed increases to several types, but mainly to adenovirus types 2 and 7. The

TABLE I.—Results of Laboratory Tests for Influenza

Period	Cases Tested	Serologically Positive*	
		No.	%
November, 1956–February, 1957	102	0	0
March–May, 1957	27	4	15
July–August, 1957	5	0	0
September–October, 1957	18	14	78
November–December, 1957	10	2	20
January–February, 1958	42	19	45
March–April, 1958	48	14	29

* Fourfold or greater rising titre in C.F. or H.I. test with type A influenza.

corresponding illnesses were respectively fever and myalgia with headache and nasal blockage; fever and myalgia with pharyngitis; fever and myalgia with cough; and pharyngoconjunctivitis with nasal discharge.

So far as was possible, certain clinical features of cases selected for laboratory examination were recorded. Adequate records were available from 82 patients (50 male, 32 female; 69 aged between 21 and 60 years) seen during the Asian influenza season September–April, 1958. The findings, summarized in Table II, show a

TABLE II.—Clinical Features in 82 Patients During Asian Influenza Season

Clinical Feature	Serologically Positive		Serologically Negative	
	No.	%	No.	%
Headache	30	81	37	82
Sweating	30	81	36	80
Muscle pain	29	78	32	71
Dry cough	21	57	22	49
Pharyngitis	20	54	17	38
Productive cough	10	27	14	31
Nasal discharge	8	22	11	24
„ blockage	7	19	9	20
Vomiting	4	11	10	22
Total	37	100	45	100
Mean temperature when first seen	101.2° F. (38.4° C.)		101° F. (38.3° C.)	

remarkable similarity between the patterns of illness of 37 cases of proved type A influenza and 45 cases with negative laboratory findings, but it should be remembered that cases were selected for investigation on the basis of clinical similarity to influenza.

Cytopathogenic agents were isolated from 2 of 31 stools examined in HeLa tissue culture. An adenovirus was thus isolated from a 4-year-old boy with pharyngitis; an unidentified agent was isolated from an 11-year-old boy with tracheitis.

Records kept during the “second wave” of Asian influenza in January–April, 1958, showed that of 146 cases of influenzal illness only five gave a history of previous similar illness during the main epidemic in autumn, 1957. No laboratory data were available for three of these. Of the others, one showed serological evidence of influenza A infection, whereas the other gave negative results by serological examination and attempted virus isolation; no laboratory tests had been made during the first illnesses. No cases of clinical relapse were seen.

Observations continue with a view to following the behaviour of influenza during the second winter after appearance of the new Asian strains.

W. BLAIR, M.B., Ch.B., D.P.H.
 W. KERR BROWN, M.B., Ch.B.
 W. F. CALDWELL, M.B., Ch.B., B.Sc.
 A. CLARKE, M.B., Ch.B.
 S. DUNN, M.D., F.R.F.P.S.
 D. PRIMROSE, M.B., Ch.B., B.L.
 T. F. STEWART, M.B., F.R.F.P.S., F.F.Hom.
 General Practitioners.

N. R. GRIST, M.B., B.Sc., F.R.C.P.Ed.
 R. G. SOMMERVILLE, M.B., Ch.B.

Virus Laboratory, University Departments of Bacteriology and Infectious Diseases, Ruchill Hospital, Glasgow.

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