inhalational pneumonia or lung abscess. For the guillotine operation in children ethyl chloride is used, and for dissection in children a short ether anaesthesia. The children are given 1 to 2 grains (according to age) of seconal an hour before operation, and one hopes that this will obliterate any memory of the operation. Again we find the improvement in statistics since our specialist anaesthetist has been appointed for this purpose. Many years ago, when changing house-surgeons gave the anaesthetics, we had two or three fatalities, but for five years since this anaesthetist has been doing the work we have had none.

The conclusion is that the appointment of special surgeons and anaesthetists has raised the standard of tonsillectomy to a very high level.

ATYPICAL "INFLUENZAL PNEUMONIA" AT A SCHOOL

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During a period of three months, March to May, 1942, a small but peculiar epidemic occurred at the evacuated section of Highgate School, at Westward Ho. The history of the outbreak may be considered worth recounting.

Symptomatology

The outbreak had the external appearance of an influenza. The temperature at the start was seldom more than 102°, and remained so for one or two days; it then dropped to between 99° and 100°, and remained there from 3 to 7 days. The symptoms, in the main, consisted of a mild headache or a sore throat; apart from the temperature the only positive finding was a pharyngitis. After a week or less the temperature became normal and the symptoms cleared up. After a further period of 2 to 7 days, however, the temperature suddenly rose again, in one or two cases quite steeply, and remained above normal for some days, in a few instances for a fortnight or even longer. During this period a cough often appeared, and in a few cases a few very faint crackling rales were heard over a localized area of one lung.

In these cases radiological examination of the chest was carried out, but, owing to the long distance from the hospital, this was possible only after some delay, when the journey could be undertaken without too much risk. In all these cases (7), with one exception, a typical x-ray picture was found: an area of one lung-field was distinctly blurred—frequently the lower third of the right lung-field—the movement of the corresponding dome of the diaphragm was impaired, and in one case there was a small effusion in the costophrenic angle. The homogeneous shadow was similar to that of a resolving area of pneumonic consolidation. Later control radiographs revealed that this diffuse shadow had disappeared and the lung-field showed no abnormality. In two cases, however, a recrudescence occurred after an interval of 4 to 6 weeks, with exactly the same symptoms, and repeated radiographs showed that the previous pathological shadows had become more marked.

In all, there were 28 cases of "influenza" during the same period, which may, of course, have belonged to quite different types. In one group of about 10 cases the symptoms were very slight, and lasted a few days only. Of the remainder, 12 cases showed the typical features described above, consisting of a two-stage illness, separated by an afebrile interval of apparently complete health.

In this second group 7 cases were radiographed; 6 of them showed residues of a diffuse inflammatory process in an area of one lung. The following history is typical of one such case:

A schoolboy aged 14. No previous history of importance. During Easter holidays, at the beginning of April, 1942, he was in bed with a mild influenzal attack, slight unproductive

cough, and temperature just over 99°, which settled down in a week. He was quite fit for a month, but on May 14 developed a febrile cold again, and the temperature rose to 99.8°, but was normal again on May 17 and 18. On May 19 the temperature was 102.6° in the morning; sulphapyridine was given 4-hourly and it fell to 99.2° in the evening. At this time some crepitations were heard over the right lower lobe behind. By the 21st the temperature had settled to normal and remained so.

X-ray examination, May 26 (A. J. M.).—"Screening: Upper lung-fields light up brightly and evenly. There is some increased density at inner angle of right dome of diaphragm, and outer sulcus of same is blurred. Film: This confirms screening report. There is very slightly diminished translucency over right upper lung-field compared with left. There is some increased density and striation at inner angle of right base, and filling up of outer sulcus of right dome. The x-ray appearance suggests a residual inflammatory process at right base following influenza." June 9, screen only: outer sulcus of right dome of diaphragm has now cleared.

In this case the administration of sulphapyridine appears to have speeded up recovery; but other cases, not treated with it, took a similar course, and its value in this type of illness must therefore remain doubtful.

Conclusions

Unfortunately, extensive bacteriological investigations have not been possible, and we cannot say to what type of pneumonia these cases belonged. Nevertheless, their publication seems to us desirable for the following reasons: (1) The course of the illness is not typical for an influenzal pneumonia; it might even belong to another group of virus disease. (2) As no other cases have been noted in the district among adults, it may be that the illness attacks mainly adolescents. (3) Owing to the mildness of the illness and the absence of any marked symptoms, it will rarely lead to hospital treatment, and its special characteristics and complications may easily be overlooked; the attention of the practitioner should therefore be drawn to it.

Medical Memoranda

An Unusual Case of Injury to the Female Urethra

Injury to the female urethra apart from childbirth or operative procedures is very uncommon. This is presumably because of its comparatively well-protected position and shortness. In the male, on the other hand, injury to the urethra is more frequent, and it is well known that it is usually caused by falling astride an object. In the case here described an injury was sustained by a woman which we consider to be comparable to the well-known injury to the male urethra. Interest is added to the case when it is learnt that the patient was wearing trousers at the time of the injury.

CASE HISTORY

A married woman aged 38, a unipara, had just returned from her work as a milk roundswoman, and was putting up black-out curtains in her home, climbing on to the window-sill to do so, when she slipped and fell astride the back of an ordinary wooden chair. Her fall was fairly heavy: she was apparently standing about 4 feet above the chair when she slipped. It appears that she came down so that a projecting knob on the corner of the chair struck the anterior part of the vulva and anterior vaginal wall. She felt an immediate "numbing" pain, and after a few seconds found that she was bleeding profusely.

On admission to Hendon Cottage Hospital there had been a fair amount of haemorrhage, which was seen to be coming from an extensive tear in the anterior vaginal wall and vestibule. This tear extended transversely across the anterior vaginal wall at the exact level of the urethral orifice and each end of the tear split into two directions, one running backwards and upwards into the vagina, and the other forwards on to the vestibule. There was also considerable bruising of all the parts, and a large haematoma had formed under the anterior end of the left labium. There was no sign of the urethral orifice.

Under an anaesthetic given by one of us (R. H. C.) the patient was put in the lithotomy position and the tear carefully examined (D. J. N. S.). It was then seen that the urethra had been torn away from the vaginal wall and was lying free in nearly all its length in a space between a flap of anterior vaginal