INFLUENZA IN SUBJECTS WHO HAD PREVIOUSLY SUSTAINED A FRACTURE OF THE SKULL.

By P. P. JENNINGS, M.B.,
Ton-y-pandy, South Wales.

Two fatal cases of influenza occurring in subjects who at a previous period sustained a fracture of the base of the skull have recently come under my notice. The patients were coal miners: one, the father, aged about 38, sustained a fracture of the base of the skull about four years ago, and has not been the same since the injury, his powers of memory and speech being greatly diminished and his general behaviour towards his family altered; the other, the son, aged 18, sustained a fracture of the base of the skull about fifteen months ago and has not suffered any inconvenience from the injury since.

Both patients were as well as usual before the onset of the influenza. The son's illness preceded that of the father's by three days, the duration of the son's being three and a-half days, that of the father four and a-half.

The invasion in the son's case took place while he was engaged at his work at about 4 P.M. On returning home at 5 P.M. he complained of violent pain in one side of his head, which corresponded to the situation of the pre-existing fracture; his temperature was elevated, and all the characteristic symptoms of influenza were present. Vomiting and delirium soon set in, and continued during the night. When I saw him on the following morning he was profoundly comatose, with wide dilatation of the pupil on the side opposite to that on which he received the injury. There was rigidity of both lower extremities and the upper extremity on the same side as the dilated pupil, paralysis of the bladder and rectum, and stertorous breathing. He remained in this condition for a period of twenty-four hours, after which he recovered partial consciousness and could be roused to reply to questions. However, as time went on he became more restless, and delirium increased in intensity, the before-mentioned rigidity became augmented, and the pupil which was previously dilated now became contracted. The patient was now able to pass urine, which previously had to be drawn off. He remained in this condition until death, which was determined by a convulsion.

In the father's case the coma came on sooner, and the period of consciousness was not so well marked, it having been difficult to obtain a reply to questions which were asked him. Death took place by coma, and not by convulsions as in the case of the son. The duration of the case was also longer by a day. In every other respect they were similar.

A *post-mortem* examination was made in the case of the father. On opening the calvarium and reflecting back the dura mater, the latter was found to be adherent to the cortex of the brain by old fibrous adhesions, which had to be cut through; these were situated on and close to the posterior end of the falx cerebri, and on the upper and under surfaces of the tentorium cerebelli. There was an excessive quantity of fluid in the subdural space, which was coloured with blood. The vessels in the pia mater were enlarged. The cerebral cortex presented a fairly healthy appearance, with the exception of the temporo-sphenoidal lobe of the left side and the inferior frontal convolution of the same side, both of which presented signs of advanced softening. The fluid in the ventricles was deeply coloured with blood, and the left lateral ventricle contained a large clot of blood of recent formation. On stripping off the dura mater on the left side of the posterior fossa the line of the old fracture was easily discernible by the presence of a raised ridge which was most prominent at the bottom of the groove for the lateral sinus.

REMARKS.—The peculiarly sudden invasion of acute febrile symptoms in these cases points strongly to influenza. Presuming it to be such the chief interest attached to these cases consists in the fact that the influenza was the cause of the setting up of active mischief in the previously injured skulls of the deceased.

PROFESSOR TRENDLENBURG, of Bonn, has been offered the Chair of Surgery in the University of Leipzig, in the place of the late Professor Thiersch.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

ACUTE BRONCHOCELE FOLLOWING INFLUENZA.

THIS case differs somewhat from the two cases already reported,¹ and seems worth recording in connection with them.

In April, 1894, I was called to see a middle-aged lady suffering from influenza. She had a small uniform swelling of both lobes of the thyroid gland and of the isthmus. Of this she did not then complain, because she had had it from a girl, but hardly a month had passed by before she drew my attention to a pain in the left side of her neck. At the same time the temperature, which had come down, went up again, and the next day there was a very obvious swelling of the left lobe of the thyroid, with redness of the skin, which was not freely movable over the tumour.

Glycerine and belladonna outwardly neither giving relief to the pain nor reducing the size of the tumour, hot linseed poultices were applied. The swelling, however, steadily increased, and occupied the whole of the left side of the neck, from the inframaxillary bone above to the clavicle below, completely obliterating the natural curves of that region. By this time the skin had become very red and tense, and the tumour had pointed and was fluctuant near its lower margin, the tissues round about being hard.

Distressing dyspnoea amounting to orthopnoea developed, and the patient's condition became so serious that I passed a grooved needle into the tumour at its most prominent and softest part. This gave me no clue as to what I had to deal with as no fluid escaped, so I at once made a small incision through the skin and passed in a blunt probe, working my way deep down into the tissues with it. There exuded a thick viscid yellowish fluid, which day by day became less yellow and more limpid and thin.

The urgent symptoms at once disappeared on the incision being made, the temperature came down, and in a few days she seemed almost well. The discharge, however, continued, and now (thirteen months after) there still comes away the same limpid thin fluid with occasionally a little blood in it when the patient has more than usually exerted herself. The patient looks and feels well and goes about her work, only complaining when the sinus does not discharge with its usual vigour.

P. O. WATKIN BROWNE, M.B., C.M. Glasg.
Alderley Edge, Cheshire.

RETENTION OF FETUS IN UTERO: LABOUR AFTER TWELVE MONTHS' PREGNANCY.

MRS. W., aged 31 years, consulted me on February 7th, 1895, concerning her pregnancy which had become prolonged beyond the natural term. This was her twelfth pregnancy. The previous eleven conceptions had resulted in six abortions, each occurring at about the end of the third month, and of the remaining five, three children had been born dead at full term or died at the time of delivery, one lived six months only, and one child is still alive, aged 4 years. There were no signs or history of syphilis in the parents or living child. The last menstruation occurred in March, 1894, and there was a very slight show, quite abnormal in quantity and kind, at the next month, when she had doubtless become pregnant. This was her own decided impression. Quickening occurred in an unmistakable way in the middle of August, and development proceeded without interruption until the last week in October, when she became very low-spirited, and at that time had, as the husband expressed it, "a slight difference with a friend which ended in a good turn of screaming followed by a faint, and from that time the movements of the child became weak and died out altogether in a few days." During the next two months "sudden hardening of the stomach" happened two or three times a day, and afterwards up to the time of delivery slight pains, resembling labour pains, had come on at intervals, but had always passed away without further result. In November she noticed that the size of her abdomen was diminishing.

¹ BRITISH MEDICAL JOURNAL, May 4th and 18th.