102°, and the following morning a scarlet erythematous rash appeared on the chest, spreading over the neck and abdomen. There was a slight amount of angina, and the patient being a child of 4 I was in some doubt as to the diagnosis, but the next day settled this, for the rash had all vanished, the temperature had fallen, and several other cases of influenza rapidly occurred in the house. These erythematous eruptions are generally very shortlived. Dr. Hawkins reports seven cases in which the elbows and knees were almost solely affected. Urticaria, papular eruptions, and purpuric spots are reported as occurring, but I have not met with any of them.

It is important to remember that antipyrin, the salicylates, and quinine occasionally give rise to rashes, and to exclude this source of fallacy. I have myself had several boils as a sequel, but except in one Lincolnshire village I cannot find that they have occurred in the practice of others. Muscular cramp, especially in the calves, is common for a few weeks during convalescence, and in some cases the anterior abdominal muscles just along the costal arch are the parts affected. Now and then distinct swelling with effusion into the joints occurs resembling a subacute rheumatism, which is obstinate to treat. Glandular swellings are met with occasionally affecting the lymphatic glands, the parotid, or the testis, which sometimes go on to suppuration, and in some cases the salivary secretion has been suppressed even for a lengthened period.

Tonsillitis is pretty common as a complication, and is often severe, but suppuration does not often take place. Laryngitis, too, is frequent, but is hardly ever a serious complication except in young children, and seems rarely to produce great obstruction, or to need tracheotomy. Epistaxis in moderate amount is fairly frequent and of little importance, but now and then it is severe, and even alarming. Post-nasal catarrh is a sequel that causes much discomfort, owing to the thick tenacious character of the secretion, and is common, whilst ozæna, though occasionally met with, is rare. The former is a considerable trial to the patient, the latter to his friends, but in both instances ultimate recovery is fortunately the rule.

The affections of the ear are important. Slight deafness without pain, due to the trumpet-shaped end of the Eustachian tube becoming closed from the swollen condition of the mucous membrane of the pharynx, is frequently met with, and in a small proportion of cases the inflammation travels into the middle ear, causing intense pain, and generally followed by rupture of the membrane and a free discharge of pus. I have seen two or three cases which ultimately did well, leaving, however, a little deafness. One ear only or both may be affected. The eyes during the last two epidemics have been largely spared anything beyond some slight conjunctivitis, but in a few cases ulceration of the cornea has been met with. I have not seen any case in which suppuration occurred in the eyelids or tissues about the eyeball, but in some epidemics they were occasionally seen.

Relapses of influenza are, in my experience, distinctly exceptional, and a large number of those who suffered in the 1890 epidemic have escaped in the recent one, though no protection is said to be afforded by a previous attack. Recrudescences are common enough where the patient has ventured out too soon, but these must be distinctly separated from relapses.

After passing in review this alarming list of possible complications and sequelæ I have but little to add. I incline to the belief that influenza is not infectious but due to some impurity, probably chemical, in the air, which appears to affect the nervous system most powerfully. Many of the complications of influenza may possibly be caused through nerve agency, through the effect of this poison on the pneumogastric, abdominal sympathetic, and other nerves; but the whole question of the etiology of influenza and the mode in which it spreads is still a mystery, and we can only hope some light may ere long illumine the darkness that enshrouds it.

A CONVERSAZIONE will be given by the Royal Society on June 17th.

BEQUEST.—The Treasurers of the Devonshire Hospital and Buxton Bath Charity have received £500 from the executors of the late Mrs. Margaret Platt, of Stalybridge.

CASES OF INFLUENZA WITH SEVERE ABDOMINAL PAIN AND COLLAPSE.

BY ROBERT M. SIMON, M.D.CANTAB.,
Physician to the General Hospital, Birmingham.

So much has been written about the present epidemic of influenza that it is possible that cases similar to those I wish very briefly to narrate have been overlooked by me, but as such have certainly not been generally recorded it would seem worth while to mention those I have had the opportunity of watching.

CASE I.—A medical man, who had been depressed by overwork and the almost sudden death of a friend from influenza, with cardiac failure, began on a Saturday in May to feel tired and ill. He was obliged to see some patients on Sunday morning, but was unable to enjoy a midday dinner, and spent the rest of the day on a sofa until he went to bed about 8 o'clock, feeling generally ill rather than complaining of any special pains or aches. His temperature at this time was 100°. He awoke at 6 A.M. with a severe pain in the abdomen, and hurried to the water-closet. There, after a copious motion, he so nearly fainted that he was obliged twice to lie down on the floor before he could complete his toilet and walk to his bedroom, where he lay for some time completely collapsed, sweating profusely, and almost pulseless. From this state of collapse he soon recovered, and was able to get up in the evening and out of the house next day, although for more than a fortnight he was exceedingly depressed in health and energy.

CASE II.—Another medical friend I have attended with almost similar history—a fainting fit in the water-closet preceded by abdominal pain and followed by very marked collapse. His illness was not, however, so transitory, for during several days he was kept in bed by fever—the temperature rising to 102.5°—and general catarrh of the lungs.

The other two cases, of which notes are appended, occurred in the hospital under my care, and were so alarming that the house-physician sent urgently for me to see them.

CASE III.—M. R., aged 42, was admitted on May 21st, 1891. She was married, and had five children. The day before admission she had a slight aching pain in the abdomen, for which she took two pills. On the morning of the day of admission, immediately after her bowels had been opened, she was seized suddenly with such severe abdominal pain that she fainted. The pain continued till the afternoon, when she was brought up to the hospital. There had then been no vomiting. On admission she was in a state of great collapse. Temperature, 96.4°. Face blanched; lips bluish-white; surface of body cold; pulse very small and feeble; breathing short and catchy. Complained of great pain in epigastric region, where there was muscular resistance and considerable tenderness. No distension of abdomen. Vomited once, soon after admission. Circulatory system normal. Some bronchitis, but no pleuritic friction. Haze of albumen in urine. Menstruation had ceased for five years. She was put to bed with hot bottles, and given brandy. A poultice was applied to the abdomen. The temperature rose during next two days to 100°, and then varied for two days between 99° and 101°. She remained in the hospital for a week, suffering from slight bronchial catarrh, and then left, feeling very weak.

CASE IV.—E. K., aged 15, a bicycle worker, was admitted on May 5th, 1891. He had not felt in good health for the previous three weeks. The day before admission he came up to the hospital, complaining of abdominal pain, for which he was given some medicine. The pain troubled him no more that day. The following morning, whilst at work, he noticed gradual return of the pain, and soon afterwards suddenly fainted. He was given some brandy, and brought at once to the hospital. On admission he was scarcely conscious, and so collapsed as to appear almost moribund. The temperature was 98°; the surface of the body was cold; the face of bluish tinge (but without sweating); the pulse was scarcely perceptible, and the respirations sighing and very infrequent—from 6 to 8 per minute—with pauses of five seconds or more between the end of expiration and the beginning of inspiration. With some difficulty it was made out that he had pain in the right side of the abdomen, mainly in the region of the

cæcum, and in this region there was well-marked tenderness. After being put to bed and treated with hot bottles, poultices, etc., he quickly recovered, but some tenderness over the cæcum remained for a day or two. There was no rise of temperature. He left the hospital in four days, well but very weak.

The two hospital cases were very alarming, and as collapsed as though they had been violently kicked over the solar plexus; but in all the abdominal pain was a marked precursor of the attack, and the collapse its principal feature; while the severe depression that followed was common to all the four cases, though only in two of them was there any evidence of the bronchial irritation from which so many of our influenza patients have suffered.

These cases do, I think, furnish additional evidence that, as Dr. Graves of Dublin and Dr. Blakiston of Birmingham affirmed long ago, influenza is an affection of the nervous system, with its concomitant derangements in the organs of digestion, circulation, etc., while the seat of incidence of the poison may be determined by at present unknown causes.

INFLUENZA IN NORTH LINCOLNSHIRE.

By T. B. FRANKLIN EMINSON, M.R.C.S.,
Scotter.

THE prevailing epidemic is now on the wane in the northern parts of Lindsey. The villages in the extreme north were attacked at the end of March almost simultaneously with Yorkshire, and the epidemic rapidly spread southwards, attacking first isolated houses, particularly those in exposed situations, then entering the villages.

The rainfall in February was almost *nil*, and the winds during March, April, and May, have been north and east, rarely staying in any other quarter for more than a few hours. Early in the epidemic men rather than women were seized; children have suffered more generally than in the epidemic of 1890, and in them gastric symptoms have been a marked feature.

The severity and suddenness of incidence varied much in different villages. In two—Northorpe and Blyton—standing on the slope of high ground and exposed on the north or east, the epidemic came upon the people suddenly, a large proportion being attacked within a few days. This village (Scotter) on the other hand, lying in a sheltered valley, escaped almost entirely for several weeks, and the attack has been more gradual. The fatality has varied much, some villages having had many deaths, others none. Scotter village has suffered severely, notwithstanding that as a rule the uncomplicated attacks have been mild, while the outlying hamlets of the parish have had no fatal case. The parish contains by this year's census 1,099 inhabitants, about 700 in the village and 399 in surrounding hamlets and farms. In May there were 7 deaths in Scotter, equalling a death-rate of 120 per 1,000, while in the outlying hamlets there has been 1 death (phthisis), giving a death-rate of about 30 per 1,000. Five of these 7 deaths in Scotter have been from pneumonia secondary to influenza, a death-rate of 85.7 per 1,000 from this disease alone. There has been 1 recovery in May, a woman at the sixth or seventh month of pregnancy. She had acute pneumonia of the left apex, accompanying influenza; labour then came on, and crisis followed in four days, but this was succeeded by renewed fever and dry pleurisy. Pneumonia has thus been the ordinary fatal complication, accompanied usually by pleurisy. Many favourable cases of simple pleurisy have been seen. Slight bronchitis has been exceedingly common.

The relationship between influenza and pneumonia must be close. Many of my patients and others believe the present epidemic to be the same disease as the "pleuro-pneumonic fever," so fearfully fatal in this village last year, and reported on by Dr. Parsons. At present I neither accept nor reject this view, but cannot help noticing the remarkable likeness between the mild non-pneumonic attacks in children which accompanied the pleuro-pneumonic fever of last year and the gastric form of influenza commonly seen this year. In order to entertain the notion of the identity of influenza with this local pneumonia, it is necessary to suppose that under some circumstances the influenzal poison can change its habitat from the atmosphere to polluted soils and sewers, for it is now beyond reasonable doubt that the outbreak of pneumonia at Scotter in 1890 was chiefly due to sewer emanations. Yet this outbreak followed close upon the heels of the influenza of 1890, and with the present year's epidemic we have a pneumonia of the same appalling fatality.

CASES OF MEDICO-LEGAL INTEREST.[1]

By H. NELSON HARDY, F.R.C.S.Ed.,
Vice-President Metropolitan Police Surgeons' Association.

IN recording these cases I have restricted myself to those which have come before me during the seven years that I have held office as divisional surgeon of the Metropolitan Police, though not altogether to those which have come before me in that capacity. My friend and colleague, Dr. Forsyth, having dealt exhaustively with the subject of drunkenness, I make no reference here to cases of that description, although it is a subject which engrosses a good deal of our attention when called to police stations.

INFANTICIDE.

Infanticide is a crime which seems to me to be lamentably frequent, and—owing probably in part to the disinclination of coroners to pay for medical evidence at inquests upon these cases—one which is but rarely traced home to its perpetrator. During the whole seven years, out of a number of cases of infanticide to which I have been called at East and West Dulwich stations, I have only, I find, in one case made a *post-mortem* examination or given evidence at an inquest on a body of a newly-born infant, and my usual record of these cases is as follows: Sent for on such a date at such an hour to —— Police Station to see body of newly-born (male or female) child; cord had (or had not) been tied; wrapped up in paper (or other) parcel, with portion of linen or other garment (if present), and whether any initials or marks on them. As a rule I never hear anything more of the case.

In the solitary case in which a necropsy was ordered, which happened in April, 1885, the body of a female infant was found in a bag wrapped in a child's cape. From the navel having quite healed I came to the conclusion that the child had lived for at least a week, and, from the fact that decomposition had commenced—the weather being cold—that it had probably been dead three or four days. The body was found to be very badly nourished, weighing only 6 lbs. 2 ozs., though its length was 21 inches. There was a total absence of fat subcutaneously and around the internal organs; not a particle of food in the stomach or bowels. Bruises were found on the head and a clot of blood beneath the right temporal bone, which seemed to indicate that, not content with the slow process of starving, other means had been taken to hasten the child's death. An open verdict was returned and there the matter ended.

I have never happened to see the curious mummification of the cord which my friend, Mr. Lowndes,[2] police surgeon for Liverpool, has described, and of which he has only seen one example in twenty years. He regards it as positive evidence that the child has lived, differing in this from some well-known authorities.

SUICIDE.

Cases of suicidal tendency or attempted suicide require much watchful and active treatment, and it is seldom, I think, that we are able to record one which comes so near a cure as the following: In 1885 an officer in one of Her Majesty's services was present when a person attempted to cut his throat, and in wresting the knife out of the would-be suicide's hand he cut his own fingers, and thought that some of the other man's blood got into the cuts. A week later he came to me saying he felt very depressed, and that sometimes it seemed as if he too must cut his throat. I made him take

[1] Read before the Metropolitan Police Surgeons' Association.
[2] *Extraordinary Case of Infanticide: Mummification of the Umbilical Cord.* By Fredk. W. Lowndes, M.R.C.S., Surgeon to Liverpool Police. (Pamphlet).