

otitis media. He found otitis subsequent to influenza, sometimes a malignant and life threatening disease, which, in conjunction with pyæmia and meningitis from empyæmia of the frontal sinuses, presents the most frequent cause of death after pneumonia.

The ocular phenomena observed in the course of la grippe are described by Macnamara.¹ He has met 4 cases of optic neuritis, 3 in males. These troubles could be attributed to no other disease than influenza. Five cases of retro-ocular neuritis are reported by Eperon,² which occurred as sequelæ of influenza. Three cases of ocular complications are reported by Rays and Hausen.⁴ A case of acute retro-bulbar neuritis. Laibach⁵ reports the case of a young lady who suffered from influenza with severe hemicrania dextra, whose eyelashes on the right eyelids turned perfectly white. Multiple neuritis after influenza is reported by Westphal.⁶ Two cases are described in one, the first symptoms were manifest seven days after the beginning of the disease. The first patient was aged 29. He complained first of a feeling of numbness and pain in his toes and fingers, subsequently weakness of the limbs and difficulty of swallowing, abolition of the knee-jerk and the triceps jerk, retention of the abdominal and the plantar reflexes, with slight paralysis of the right side of the face. Under appropriate treatment the symptoms promptly disappeared, but the knee-jerk remained absent for several months. The symptoms in the second case were more severe, and were ushered in by an attack of urticaria. In the course of a few weeks there were general muscular weakness, paralysis of one side of the face, and paresis of the other, difficulty in swallowing and abolition of the knee-jerk, pain, on pressure, over the affected nerve trunks and muscles, wasting of muscles, both in the upper and lower extremities, and the reaction of degeneration, preceded by an increased electrical irritability. Two similar cases are reported by Homen,⁷ occurring in brothers.

Kings mentions a case in which extreme head pain, with acute vomiting and constipation, followed by squint, dilated pupils, stupor and an epileptic attack. All passed off, and the boy is now quite well. One case in which a semi-cataleptic condition occurred was men-

tioned. Colley¹ reports a case of Basedow's disease following influenza.

Influenza psychosis is the subject of an article by Jutrosinski,² who points out that no mention of a true psychosis is made until his account of the influenza as it appeared in Philadelphia in 1789-1791. Jolly, of Strasburg, observed three groups of mental diseases produced by influenza: acute delirium, delirium tremens, and genuine insanity. The etiology of influenza psychosis is the same as the etiology of mental complication in other febrile diseases, viz.: Abnormalities of the circulation, hyperæmia or anæmia of the brain, the production of ptomaines, etc. The excessive use of antipyrine or antifebrine has also undoubtedly been a factor in many cases. He thinks mental diseases are produced in individuals with nervous dispositions. Insanity can originate in every stage of influenza, however patients at the period of convalescence are most frequently attacked. All forms of mental diseases can appear; the majority show a melancholic-hypochondriacal character. Both sexes are equally attacked. Patients from twenty to thirty years of age are most frequently affected. Influenza in persons already insane produces a deterioration of their mental condition.

Tenonitis following influenza is reported in four instances by Fuchs.³ Having met with but one case previously in his experience, Fuchs could but conclude that these causes depended on the influenza. In two of the cases the pneumococci of Frankel-Weichselbaum was found in cultivations made from the secretions. One case went on to suppuration.

A case of meningitis of influenzal origin is reported by Blomfield.⁴ At least this is the best description he can give it.

The digestive organs, according to Nicholson,⁵ are frequently affected; vomiting is often present, especially in the commencement; diarrhoeas occur in 8 or 10 per cent.; atonic dyspepsia, from which the patient may live free for years, is often recalled into existence; the urinary organs usually escape complications; scanty, high colored urine is the rule, and occasionally a little albumen, but nephritis, or permanent kidney trouble, would seem to be rarely, if ever, seen; hæmaturia now and then occurs, but is rarely serious. Severe menorrhagia is occasionally the result of influenza, but seems to have little tendency to produce abortion.

¹ Weekly Med. Review, September 19. Le Bulletin Médical.

² Medical Record, June 13.

³ American Practitioner and News. Western Medical and Surgical Reporter.

⁴ Schmidt's Jahrbuecher, No. 2, 1891. Medical Record, November 8, 1890.

⁵ Schmidt's Jahrbuecher, March.

⁶ Lancet, January 10. St. Petersberger Medicinische Wochenschrift, 1890.

⁷ Lancet, May 9. Fortschritte der Medicin, No. 9. Finska Laharesallskape Handlingen, Bd. xxii.

⁸ Lancet, June 13.

¹ Schmidt's Jahrbuecher, No. 2, '91. Deutsche Med. Wochenschrift, 1890.

² Lancet, June 27.

³ Wiener Klinische Wochenschrift, 1890, II. American Journal of Med. Sciences, January.

⁴ British Med. Journal, June 13.

⁵ Deutsche Med. Wochenschrift, March 19. University Med. Magazine, July.