ESHNER (AUG. A.)

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INFLUENZA FOLLOWED BY PLEURITIS AND ENDOCARDITIS.

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THE case herewith reported is of interest as illustrating the diversity of complications observed in the course of influenza. It can be truly said that there is scarcely an organ or a structure that has not in one form or another been made to feel the influence of the poison of this remarkable and virulent disease.

J. McG., a laborer, twenty-five years old, presented himself at the Polyclinic in December, 1891, with the symptoms of a mild attack of influenza, which readily yielded to the administration of two grains of quinin with three grains of antipyrin in capsules. Physical examination at this time showed the pulmonary percussion-resonance to be unimpaired and subcrepitant râles to be audible at various parts of the chest, upon both sides, anteriorly and posteriorly. The man was in a reasonable time entirely relieved of his symptoms; but three months later he returned with a history of pain in the left hypochondrium of two weeks' standing, radiating to the shoulders and accompanied by sharp pain shooting down the left arm.

There was present a slight cough, with an occasional sense of chilliness. Upon physical examination dulness upon percussion was found upon the left side of the chest, extending anteriorly from the level of the fourth rib in the nipple line and posteriorly from the level of

the spine of the eighth dorsal vertebra to the base of the chest; in this area the breath-sounds could not be heard, and vocal resonance and fremitus could not be elicited. The area of cardiac percussion-dulness was unchanged, although the heart-sounds were less well heard at the apex than at the base. The patient was directed to go to bed, to restrict himself to a dry diet, to apply a cantharidal plaster to the left side of the chest, and take ten grains of potassium iodid three times daily.

A week later the percussion-dulness on the left side was found to have risen to the level of the third rib anteriorly and the fifth dorsal spine posteriorly. The patient was now admitted to the Polyclinic Hospital, and remained for a month. During this time a systolic murmur appeared at the aortic valve, which persisted for some weeks, gradually growing fainter, until it finally disappeared. The temperature was elevated and pursued an irregular course; the patient complained a good deal of pain. The treatment consisted in the administration of alkaline diuretics, hydragogue cathartics, and the application of a blister over the heart. The fluid in the left pleural cavity was gradually absorbed and dense adhesions formed, as indicated by the substitution of dulness on percussion for the previous flatness and the renewed transmission of the respiratory and vocal sounds.

After dismissal from the hospital the patient slowly but progressively improved, and now, after the lapse of two years, is well, except for a syphilitic infection, recently acquired, and for the bone-pains and headache of which the man again presented himself. On physical examination it is found that the left shoulder has sunk to a lower level than the right; a right lateral curvature exists in the dorsal region, and a compensatory left lateral curvature in the lumbar region. The percussion-resonance is impaired over the entire left side of the chest, while the breath-sounds seem distant and the

vocal resonance is muffled. The area of cardiac percussion-dulness appears normal, while the action of the heart is quite rhythmic, and its sounds are clear.

Though the case was not under constant and continuous observation, I am convinced that the sequence of events was an attack of influenza, followed by pleural and endocardial inflammation. Influenza is generally admitted to be an infectious disease, and an abundant experience has demonstrated that it is one of those of which one attack rather predisposes to than confers exemption from subsequent attacks, so that it is not impossible that in the case reported there may have been two attacks of influenza, of which the second was complicated by the inflammation of the serous membranes. Clinical testimony is accumulating to show that the serous membranes are particularly prone to suffer from the intoxications resulting in the course of the various infectious diseases.