Of the catarrhal processes which form a part of influenza, bronchitis is the most common. It usually commences as an ordinary bronchitis, but rapidly advances to the small tubes, when serious symptoms are set up, especially in the weakly and in the aged. The expectoration is often scanty, but may become copious. It is always sticky and tenacious and difficult to raise. All sorts of râles may be heard in the chest, and some writers have advanced the theory that many of these sounds are reflex and of central nervous origin. The tendency of the disease is to attack the small tubes, setting up a capillary bronchitis, which is soon followed by atelectasis and lobular pneumonia.

A writer in the *British Medical Journal* makes the statement that the bronchitis is more apt to attack the right than the left lung, and that the left lung may escape altogether. His theory is that the bronchitis is due to aspiration of the influenzal bacillus, and that the right lung is preferred because the right bronchus is larger and more horizontal.

Broncho-pneumonia is a very common complication of the disease following capillary bronchitis. Osler states that capillary bronchitis rarely exists apart from lobular pneumonia. So much is this considered the case that recent text-books on medicine do not describe capillary bronchitis as a separate affection. I have no doubt but that in this fact is to be found the explanation of many of those cases of bronchitis which are so rebellious to treatment. It also explains why the constitutional disturbance and the depression are out of proportion to the local condition apparently present. There is nothing peculiar about the broncho-pneumonia following influenza, and nothing more need be said about it at present.

Congestion and Lobar Pneumonia.—An acute localized pulmonary congestion has been described following influenza. French writers have a great deal to say about acute pulmonary congestion. English writers doubt its occurrence. However, after influenza there does occur a peculiar localized condition which may be difficult to classify. I well remember a case in my own practice in which at the posterior base of the left lung there was dulness on percussion, intensified voice sounds with indistinct tubular breathing, but neither rusty expectoration, crepitant râle or severe constitutional symptoms. Even after his recovery I was uncertain whether I had to deal with a localized congestion or a pneumonic consolidation. Perhaps the best evidence of the existence of these congestions is the fact that free action on the bowels will improve the physical signs. Out of the *post-mortem* room I doubt the possibility of distinguishing between a localized congestion and an anomalous or atypical pneumonia, in which form the latter disease is often introduced to our notice after influenza. Allow me to state more explicitly what I mean by anomalous or atypical. I mean a pneumonia which has indefinite symptoms, which is slow and insidious in onset, and which does not run a normal course. There may be no chill, no vomiting, no rusty expectoration, no crepitant râle, little or no cough, no increase in fever or in respirations, no alteration in the pulse-respiration ratio. The temperature may be very aberrant. It may run up very high, perhaps to 106° F, drop to a low point, and then run up again in the same day. Dyspnœa and cyanosis may be marked, but are due rather to the associated bronchitis than to the pneumonia. But physical examination will show dulness on percussion, tubular breathing and bronchophony. In fact there will be marked disproportion between general symptoms and physical signs. The character of the pneumonia is modified by the poison of influenza, and a marked feature of the average case is asthenia.

That pneumonia is one of the most frequent complications is well known. I have seen several statistical tables from some European and American hospitals, and they show conclusively that the number of cases occurring during the influenza epidemic was almost double compared with the number of cases during the corresponding periods of other years. I wish to emphasize the fact that pneumonia is a complication, not a part of the disease as bronchitis is, and therefore avoidable in many cases. The usual cause assigned for the increase of this complication is that patients resume their ordinary mode of life too soon after the influenza, forgetful or careless of the devitalization following the disease. This, of course, is an avoidable cause, but there is something more in it. To produce an attack of pneumonia, two things are necessary: 1st, the presence in the tissues of Frænkels' pneumococcus, which has