

especially, of course, in those with pulmonary lesions, offering great difficulty in the choice of a suitable remedy, and resisting ordinary treatment *vide* remarks or treatment).

V.—GASTRO-INTESTINAL.

That an abdominal type of influenza exists has long been recognised, but the resultant sickness and/or diarrhœa may prove so intractable as to become a complication, and a very troublesome one. In some such cases the stools resemble closely those of enteric fever. Commonly these cases begin with sore throat, which is followed by the gastro-intestinal disturbance. The throat may be of the ordinary follicular type, or a membranous tonsilitis. In some cases the abdominal signs and symptoms are such as strongly to suggest an acute appendicitis, and quite a number of cases have been operated upon on this diagnosis. On the other hand, during the latter part of the epidemic, numbers of cases were sent into hospital with a provisional diagnosis of influenza of the abdominal type, in which the condition was actually one of acute appendicitis. In one week we had three such cases in which operation was necessary. One does not regard influenza in an ordinary sense as a cause of appendicitis, but it can readily be understood that, with such a catarrhal condition of the bowel as is often met with in abdominal influenzas, an acute appendix inflammation may readily be set up.

Jaundice was met with in a number of cases of the abdominal type, and at times it was very persistent.

VI.—SKIN.

There is, of course, no rash which is peculiar to influenza, though accidental cutaneous rashes may be found. In quite a number of cases associated with constipation the usual rash arising from intestinal absorption was met with. *Urticaria* was present in a few cases, and in two of these was of a most violent type. *Herpes* was very constantly met with, chiefly on the face, circumoral and nasal.

Purpura hoemorrhagica was seen in quite a number of cases, in varying degree, usually of the ordinary petechial type, such as is met with in acute infections with high fever. In three cases large ecchymotic patches were observed on the abdominal wall, mostly over the recti muscles. (I have seen one such example, in very marked degree, since my return home). In all these there was very violent coughing or vomiting, which accounted to some extent for the site of the hæmorrhages. In two cases a peculiar and rare condition was found, when there was hæmorrhage into the sheaths of the recti muscles, such as occurs at times in severe enteric fever.