

all should give careful heed to, and that is, that all who are attacked should at once go home and remain there until convalescence is assured.

The seemingly mild attacks have often been the most obstinate, simply because they have been so generally neglected, and the victims continued to go about their accustomed duties, thoughtlessly taking the risks of exposure to cold and damp. In such cases the trouble runs on for days.

Relapses are as frequent as they are dangerous, and pass by a very easy transition into the various forms of bronchitis, pleurisy, pneumonia, peritonitis, and kidney or heart troubles. When the patients feel a trifle easy, they get up, and go along the even tenor of their daily way; but ere long the cough again increases, and more or less fever, and a miserable pulse indicate to the patients that they have not recovered. When there is much exhaustion, death from heart failure may occur suddenly.

The return of any of the cardinal symptoms of grip—such as fever, cough, and lassitude, imperatively indicate rest and quiet, as well as simple and nourishing diet, as broth, milk, &c.

However brief and trifling the attack of influenza, the patient must keep quiet, and not think of leaving the house, while the weakness produced by the disease exists. Until every trace of fatigue has disappeared, the only safe course is to stay in-doors and make no attempt whatever

to attend to affairs. Out-door exercise is allowable only when the weather is clear and bright and it should be taken with great moderation. The convalescent should be very careful to avoid carrying the out-door walk to the point of weariness or exhaustion. Two or three short walks will be of decided benefit, whilst a prolonged walk, if carried to the point of taxing the enfeebled system, may induce a relapse.

The diet has to be regulated according to the condition of the digestive organs. When the patient has appetite, we cannot understand why he should not take simple and nutritious food. But when, because of the continuance of the disease, great weakness has set in, the patient should be carefully watched and his diet stringently regulated, for the reason that the stomach remains for a long time in a remarkably atonic (weak) condition. The patient should also be cautious in not leaving the house too soon, until it has been ascertained in what degree the lungs have become irritated. Lung troubles may develop so insidiously as to be overlooked.

Some had encouraged the hope that the influenza epidemic would begin to abate with a change to colder weather. Experts who have followed and studied the course of this disease did not share this optimism, and even predicted that the cold would increase the gravity of the symptoms, and render more dangerous such after effects as pneumonia and peritonitis.

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#### ONE CASE OF MANY—THE DESTRUCTIVE WORK OF DISEASE.

A woman in this city, a Mrs. San Cartier, who supplies our family with vegetables, has given us the following sad history of her family. Eighteen years ago she lost her first child, Mary, aged 23 months, by death from smallpox. Eight years after, another of her children, Rosy, aged over six years, died from "black croup" (possibly diphtheria, having been misnamed). During the time of the death of these two the family lived in a

small town in the province of Quebec. Later they moved to this city, Ottawa. About two years ago three of her remaining children died from diphtheria: Emily, aged eight years; Benjamin, aged six years; and another aged two years. Of seven children, Mrs. San Cartier has but two living. Five have died from purely preventable causes. The aggregate ages of the five was about 25 years. It is probable that had their mother and father, or either