In this patient the attack is typical of many of the catarrhal cases. He is a healthy young man. He went down street in the morning, and while standing at a street corner he suddenly became weak, dizzy, and sick, and could scarcely walk home. He shortly suffered pains in all parts, with most intense pain in the head. In the evening, catarrhal symptoms set in—eyes watery, nose stuffed up, cough with free expectoration of dark bloody fluid. Temperature rose to about 103°, head grew worse as the catarrhal symptoms developed ; anorexia, constipation, scanty high-colored urine. The fever and severe headache disappeared in three days, the cough continued, but the sputa gradually lost its dark color, becoming muco-purulent. There was considerable prostration. He was confined to bed two weeks, and his recovery of strength was gradual. The bloody sputa was doubtless due to great congestion of parts of the lungs. In several similar cases I have found dulness with weak respiratory murmurs at the base, lasting for 2 or 3 days. Had this been due to pneumonia, the fever and dulness would not have disappeared so soon.

In many cases, however, well marked attacks of pneumonia followed as a sequel ; and that, too, even in those who were without the catarrhal phase of influenza. Such was the case in an old lady in whom the symptoms were only febrile and nervous which disappeared on the 3rd day, leaving her feeling very well ; she was seized that night with a chill, next day she was delirious, and the lower lobe of the left lung soon hepatized. She died on the 6th day of pneumonia.

Similar but milder cases have been numerous, the most frequent seats of consolidation being the base of the lungs and thin portions lying beneath the 2nd and 3rd costal cartilages and overlapping the large vessels. The latter is a frequent point of attack, especially in catarrhal pneumonia, which has been an occasional complication. Catarrhal pneumonia is to be suspected, even if we cannot discover signs of consolidation, if slight fever persists, with cough, perspiration and considerable prostration: such cases require the utmost care in order to secure complete recovery, on account of their liability to develop phthisis.

In a few cases the pneumonia has been of a low type, developing probably in the heavily congested lung, and ending in purulent infiltration of the diseased part. Such a case we have just had in Ward 14, in a man aged 50, who was brought in, in a typhoid state with an almost imperceptible pulse. There was little cough, slightly accelerated breathing, and he presented an appearance of a late stage of enteric fever. A careful examination could not be made, but you know we ascertained that there was dulness in the left axillary space with weak tubular breathing, and we judge that there was probably purulent infiltration of the base of the left lung. Such was the condition found at the post mortem in the bases of both lungs, the left being greatly disorganized.

I have met with two cases in which spasmodic asthma was a sequel, and in one with spasmodic croup with some catarrh of the larynx. In many there has been a persistent hard, distressing cough, often paroxysmal, that seemed to be due to a slight catarrh of the larynx, re-acting on an irritable nerve centre.

Cases with marked gastro-enteric symptoms have occurred from the first, but have been much more common in the late than in the early part of the epidemic. Most of you will remember a young man admitted into Ward 5, early in January, with several general pains and with distressing vomiting of bright green fluid. The vomiting persisted for four days, and after that, he rapidly regained his strength. This is but an illustration of many cases that were met with, most of them, however, were of shorter duration—not more than a day or two. Lately the enteric symptoms have been most common. The patient is suddenly seized with a watery diarrhœa, with considerable flatus. The discharges are very offensive, and usually dark in color. There may be three or four or even a dozen evacuations in the course of a day. In some there is no pain, while in others, there is severe pain all over the abdomen, with much tenderness ; it seems situated in the abdominal wall, and quite independent of the condition of the intestinal tract. Equally severe pain and tenderness are present in a good many who have no diarrhœa, and several of these suffer from a hyperæsthetic state of the stomach In these there