

1. *Fever*.—As before observed, is irregular in character, and may vary from 99° F. to 105° F. It frequently rises and falls very rapidly. One hour the patient may appear cool and comfortable, and at the next hour be in a raging fever. It does not in most cases follow the law of "morning remission and evening exacerbation," the fever frequently being higher in the morning than in the evening. There may be a number of these periods of exacerbations and remissions in the course of twenty-four hours, each period being followed by a more or less profuse perspiration.

2. *Pain*, is one of the characteristic symptoms of a large class of cases, and is sometimes very severe, especially in the head, and muscles of the neck and back, also in the sides, limbs and abdominal muscles; in fact, any part of the body is liable to be affected. The pain is apt to be spasmodic, and, like the fever, remittent in character; a paroxysm of pain usually precedes the attack of feverishness.

3. *Disturbances of the Digestive Tract*.—Loss of appetite is a very constant symptom, with thirst, foul and loaded tongue, tenderness in the epigastric region, with nausea and vomiting; constipation may prevail. In other cases the catarrhal symptoms appear to attack the gastro-intestinal tract instead of the pulmonary, producing diarrhoea, and even dysentery; as a result we have chronic gastro-hepatic catarrh.

4. *Urine* is sometimes very much decreased in volume, one case noted, after a prolonged attack of influenza, passing only two oz. in 24 hours; this continued for nearly three weeks. In three cases there was a marked hæmaturia; urates are usually abundant.

In from three to twelve days the fever begins to abate and the pains subside, there is then an increase in the flow of urine, expectoration becomes more free and the catarrhal symptoms abate, but may become very protracted.

5. *Nervous System*.—There is often very marked functional disturbances of the nervous system, with great depression and lowness of spirits and loss of strength; mind may become weak, and even delirious, which may last for some time; stupor, convulsions, cutaneous hyperæsthesia, with areas of burning pain, similar to the application of a sinapism, or some highly heated surface; neuralgia, myalgia, pleurodynia, muscular twitchings, etc.,

Often there is a great drowsiness, or the reverse may be the case.

The above, are some of the symptoms met with in ordinary practice, during an epidemic of influenza. Seldom are they all met in the same patient, but there are certain types which appear to prevail. For example, there is:

(1) *Catarrhal fever* which may be further subdivided into (a) respiratory, (b) gastro-intestinal.

It is generally supposed, that all cases of influenza partake more or less of the catarrhal form, and from an analysis of a number of cases I find that it prevailed in $\frac{3}{4}$ of all cases affected; yet, contrary to the general opinion, it is not an essential feature of the disease.

(a) In that form attacking the respiratory passages, there is more or less extensive hyperæmia of the mucous membranes of the head and throat, extending into the bronchial tubes; cough is more or less severe, and often spasmodic, out of all proportion to the amount of bronchitis and expectoration, which has led to the idea that it is often of nervous origin, or it may be due to some enlargement of the bronchial glands.

(b) In the gastro-enteric form, we have a hyperæmic condition of the mucous membrane of the stomach, liver, gall bladder and ducts, together with the intestinal tract. This gives rise, often, to great loss of appetite, nausea and vomiting, with diarrhoea, alternating with constipation. This inflamed and swollen condition of mucous membrane extends up the ductus communis choledochus into the gall-bladder and hepatic ducts. Jaundice, resulting from obstruction, is thus set up, with its attendant troubles.

(2) *Nervous Form*: One of the first and most prominent features of this form, is the extreme physical prostration. The slightest exertion, causing great exhaustion, with shortness of breath, and rapid action of the heart. This condition may remain for many weeks or months, long after convalescence.

Headache, which may come on remarkably sudden, is almost constant. The pains may extend from the root of the nose, through the orbits up into the brow, following the prolongations of the Schneiderian mucous membrane, into the frontal sinuses; often the pain is referred to the middle ear, which frequently suppurates. In other cases, the pain is seated at the point of attachment of