the spitting of frothy mucus, pink-tinged, or showing blood in quantity, and cardiac embarrassment, were the outstanding features. The condition might clear up at that stage, or cardiac failure occur with increasing cyanosis and death, or a definite broncho-pneumonia supervene.

Post-mortem records bear out these stages. When death occurred early, marked congestion and œdema at the bases were found in every case without definite consolidation. The condition might best be described as that of "wet" or "sodden" lung, and one soon became familiar with its appearance. In later stages a varying degree of broncho-pneumonia was found, at times so diffuse as almost to appear lobar in character, both clinically and at *post-mortem*. A limited *pleurisy* was common, with frequently a small amount of blood-stained exudate. *Empyema* was uncommon in the fulminating type, but was found more often in these cases whose course was more prolonged.

A frankly *lobar pneumonia* was a rare finding.

The type of *broncho-pneumonia* which prevailed was somewhat peculiar. Some cases ran a very short course, with fever for 3 to 5 days, ending often by crisis. More often the course was more prolonged, the fever passing through an intermittent stage with a daily swing of several degrees, and gradually subsiding to normal. In such the duration was very variable, depending on the spread of the pulmonary lesion. The pulse was rarely rapid in proportion to the respiratory distress, running commonly about 90, even where the respiratory embarrassment and cyanosis were marked. The sputum in the early stages consisted simply of pinkish, frothy mucus, but later showed a considerable amount of blood, and even a free hæmoptysis in some cases. At all stages cardiac failure was an ever-present source of danger. A very acute, almost fulminating type of broncho-pneumonia was experienced in the early autumn, with a fatal issue in two or three days. In a few cases *gangrene of the lung* occurred, with its characteristic spit and odour, and was confirmed *post-mortem*. In one case *abscess of the lung* supervened, and this case is worthy of special mention because of the sequence of events, and his ultimate recovery.

The patient was admitted with an apparently simple influenza, without much toxæmia, but in a few days developed a diffuse broncho-pneumonia, and was critically ill, with marked cyanosis, respiratory distress, and delirium. He was freely stimulated both by mouth and subcutaneously, and had oxygen administered at frequent intervals. His pulse remained good, though unusually rapid. The pyrexia continued high, and began to show a marked daily swing, the spit became more profuse, very purulent, and had a distinctly fœtid odour. Abscess was suspected, but could not be localized for a few days when a small area of