

In most of the cases of influenza the catarrhal symptoms appeared in the upper part of the respiratory tract.

Curschmann found that in 81 per cent. of the cases of influenza the nose and bronchii were affected, whilst about 5 per cent. produced tonsillitis and laryngitis. The cases of tonsillitis frequently proceeded to phlegmon and œdema of the glottis, whilst Kronenberg met with cases in which hamorrhages were of frequent occurrence.

The most frequent accompanying symptom or sequela was neuralgia of the nasal and frontal regions, whilst paralysis of the muscles of the soft palate and larynx were met with. Of the intrinsic muscles those most frequently attacked were the thyro-arytenoidei.

Fraenkel observed eighteen such cases out of thirty-three due to influenza. A characteristic of this form of inflammation is the length of time which the catarrhal symptoms last.

Fraenkel has drawn attention to the most frequent objective laryngeal symptoms, namely, a superficial ulceration involving the middle portion of the true vocal cords. These ulcerations are of a greyish colour, with the surrounding mucous membrane deeply injected and swollen; they begin apparently as infiltrations of the mucous membrane, and after several weeks break down, leaving a superficial ulceration as above described. Fraenkel believes these infiltrations to be definitely fibrinous, and observed them in 50 per cent. of cases of influenzal laryngitis. He also noted the persistency of the laryngitis in these cases.

Ruhemann noted that in cases of influenza involving the pharynx the nervous symptoms predominated. Landgraf reported a rather singular objective symptom in one case in which the mucous membrane of the hard palate showed an intense hyperæmia with whitish coloured epithelial infiltrations. The affection was so painful as to make mastication and deglutition almost impossible; similar objective symptoms also made their appearance in the pharynx later on.

Solis Cohen has observed a pseudo-membranous exudation on the tonsils, soft palate, larynx and tongue. The chief characteristic of this condition is its colour, which is opaque. This opaque colour is often equally distributed over the whole of the superficial part of the tongue and sometimes it is observed in the middle and root of the tongue only, whereas the tip is covered with isolated rounded or oval spots.

In a later epidemic Engelmann observed a diphtheritic deposit on the pharynx and tonsils, and was able, in a number of such cases, to demonstrate the presence of Pfeiffer's bacillus of influenza.

The author briefly describes a case of his own in which the superficial ulceration present resembled mucous plaques, but the demonstration of Pfeiffer's bacillus proved the case to be of influenzal origin.