

generally intermittent. This depression of pulse is not unfrequently accompanied by attacks of collapse. One patient of mine not long since suffered from several such attacks. They came on suddenly and in seeing her in the first one the pulse was almost imperceptible, the skin covered with a cold, clammy sweat and respiration slow. Brandy was given hypodermically and the attack soon passed off.

The tongue is usually moist and slightly furred, there is almost complete loss of appetite while perversion or loss of taste is a common and remarkable symptom. As loss of taste is very uncommon in other acute diseases it may be regarded as of diagnostic value. The bowels are usually confined or irregular, while at times there may be considerable intestinal colic which should probably rather be considered as visceral neuralgia.

Severe sweating with an attack of sudden fever is said by one recent writer to be almost diagnostic of Influenza, if acute rheumatism be excluded. My limited experience has been quite to the contrary as I have usually found the skin hot and dry. The face is generally flushed and the conjunctiva more or less inflamed. Of the various rashes concerning which so much has been lately written I can say no more than that with perhaps one exception none have appeared in my practice, occurring but seldom they are of practical importance only when simulating those of the exanthematous diseases.

At the onset quite frequently the patient passes a larger quantity than usual of pale limpid urine, especially have I found this true in cases where the nervous phenomena predominated, but during the febrile stage the urine becomes scarcely, high colored and deposits abundance of water, while albumen and blood are said sometimes to be present.

Among the complications pneumonia undoubtedly occupies first place. Oc-

ccurring as Broncho-pneumonia in elderly people it has proved a most fatal one in my experience—three patients succumbing to it within a few days of each other in spite of my utmost efforts. In neither case was the temperature very high. In two the pulse was decidedly intermittent throughout. There was mild delirium. The expectoration at first was quite free and rusty colored. In all the respiration was rapid, while patches of dullness and bronchial respiration appeared here and there over both lungs. The strength rapidly failed, the powers of expectoration became deficient and the patient died.

As to sequelae, every disease whatever occurring within a few months after grippe, has been put down as due to it, and it alone. True, the depression, both muscular and nervous, predisposes to attacks of illness which the patient might otherwise have escaped; but the same can be said of any exhausting disease. Few maladies occur frequently enough to warrant their being regarded as true sequelae or of such a nature as to impress upon us the necessity of watching out for them as we do for nephritis following scarlet fever. Among the most reputed sequelae, affections of the eye and ear are most frequent, of the former, otitis media claims chief place. During the prevalence of grippe in Musquodoboit, a short while since several cases came under my notice, but in only one was I certain of its having followed the disease. The others gave histories of having had cold, etc., but were not ill enough to seek medical advice. In the one case mentioned, the patient came to me some three weeks after beginning convalescence from influenza, complaining of deafness. I found the external ear full of a mixture of pus, sweet oil and cerumen; after the cleaning out of which, he gradually recovered his hearing. Dr. Buller writing in the *Canadian Practitioner* says: "The ear is a very tempting and convenient hole to