been found by Netter in the buccal secretions of 20% of men in perfect health. So that this agent is very likely to be present. 2nd. Any devitalizing or debilitating cause, such as a chill, exhaustion, or the prostration following an acute illness. Therefore, it is clearly seen in what way influenza is a direct predisposing cause of lobar pneumonia. Many may think that with a patient in bed or in a warm room there is no danger of any complication. You would naturally think that in typhoid during the 2nd or 3rd week there was little danger of pneumonia, but the authorities state that it occurs in from 8% to 10% of all cases. In exactly the same way, pneumonia may occur after influenza, and may be so slow and insidious in development, and so atypical in character, that unless sought for may be overlooked. You may ask whether a pneumonia coming on in this way can be avoided or not. It can just so far as you can combat the debility. In treating the acute stage avoid the coal-tar products, or, if necessary to use them, give stimulants also. And, after the acute stage is past, give tonics and stimulants, quinine, iron, nux vomica or its alkaloid, caffein, ammonia, ether, etc. Avoid everything that can possibly depress.

Tuberculosis.—I have not much to say on this subject. In the dreadful depression which we have all seen so often and perhaps felt, the tubercular diathesis, if present, is very apt to assert itself. A suitable soil is provided for the growth of the bacillus of tuberculosis. I find that the journals contain reports of numerous cases of phthsis developing after influenza. I. W. Irwin, in the *American Practitioner and News*, reports six cases developing in patients, with a family tendency thereto. Patients already suffering from the disease are hurried on towards an earlier grave.

In a case of my own, in which in the early part of the winter the tubercular process in the lung appeared to be at a standstill and the condition of the patient otherwise improving also, I had hoped for a permanent improvement, with, perhaps, years of good health. Unfortunately in January of this year, she developed a very severe, acute attack of influenza. When I saw her, after she had been sick for a week, I found her terribly prostrated with a weak, irregular and intermittent pulse. The tubercular processs which had been limited to the upper half of the right lung, extended rapidly after this involving the balance of the right lung, and shortly after the process showed itself in the apex and at the base of the left.

Affections of the Heart and Pericardium.—With regard to inflammatory diseases of the heart I have very little to say, beyond noting the fact that cases of endocarditis and pericarditis have been reported following influenza. Dr. Burney Yeo has reported a case in which he watched the development of an aortic regurgitant murmur after influenza. When we enter the field of functional heart disease we are in deep water. The term neurosis has been applied to these cases lately and I believe that it is a much better term. All sorts of cases have been described in the journals. Here is a short list: brachycardia, tachycardia, arrhythmia, neuralgia, weak heart, collapse, acute dilatation with pulmonary congestion.

I desire to read to you a report of four very unusual cases which have been carefully described in the journals. In the *British Medical Journal*, 1892, Dr. Yeo reports the following. "A young man was suddenly attacked with dyspnœa, and palpitation with irregular heart and pulse. This was soon followed by anasarca, albuminuria, hepatic enlargement, and pleural effusion. His condition otherwise was good. No pain, no fever, regular bowels and good appetite; no valvular lesion. All his symptoms were due to a rapidly produced, acute cardiac asthenia with dilatation. The only possible cause that could be ascertained was an attack of influenza six months previously, during which he was laid up for three days with an acute pain in the back. Dr. Yeo offers in explanation of the symptoms, an infection of some sort, an affection of the coronary arteries, or a nerve lesion."

Dr. West, Assistant Physician to St. Bartholomew's, before the London Harveian Society describes the following case, *Lancet*, 1894: "A man of good physique, in middle age, had a temperature of 103° F. for two days, after which it became normal, and was associated from the first with attacks of collapse. These would come on without any warning; the patient would turn pale, could speak only in a whisper, and felt as if he were falling through the bed; pulse barely perceptible at the wrist and quite regular. In fifteen or twenty minutes he would be all right.