

making a diagnosis of Grippe, nervous or gastro-intestinal, the patient or friends have expressed surprise even doubt. To them no catarrh means no grippe.

As a rule the onset of Influenza is quite sudden, often there is no premonition whatever—the patient being attacked while in perfect health. Chills or chilly sensations are usually present whilst a distinct rigor is rare. Accompanying the chill there is a severe headache with suffusion of the eyes and a burning pain behind the eyeball. Sometimes the initial pain is in the small of the back, while again it may assume the form of a severe intestinal colic, more rarely and especially in hysterical women the attack may be ushered in by collapse. The patient turns faint, becomes giddy and perhaps falls. Convulsions have been known in such cases. Another and unusual mode of onset is the occurrence of sudden drowsiness amounting even to coma. The patient lies in a sort of stupor from which he may be easily roused but into which he again quickly relapses. Such a case I have never seen and must necessarily present no inconsiderable difficulty in diagnosis.

The pain of Influenza is twofold in character viz: aching and neuralgic. The former is severe and general though the back of neck, small of back, and limbs suffer most. The latter affects chiefly the head but is by no means confined to that region. The head pain is throbbing, crushing or lancinating. Every movement means an increase of pain while to lie long quiet in one position renders the aching intolerable. Angina like pains have been markedly present in some epidemics but none have come under my observation. To fully appreciate Grippe pain personal experience is necessary when the full significance of the term becomes apparent.

The temperature of uncomplicated grippe is not high, varying from 99½ to

103. It remains at nearly the same height for several days then drops often below normal and remains so for some time, a depression not seen in any other fever of so short duration.

In no other acute disease is there such marked muscular and nervous depression. It comes on all at once at the beginning of the attack, continues during the febrile stage, when it may almost as suddenly cease although as a rule it wears away gradually. The patient feels fit for nothing, has not even strength enough to be irritable. He is listless and gloomy, perhaps unusually drowsy. In fact drowsiness has been so marked a factor of the depression in many epidemics that it has been styled the "sleepy sickness." The eye lids seem too heavy to keep open nor has the patient energy enough to make the attempt. The eyes themselves present peculiar perhaps diagnostic appearances. Dr. John Crerar, in the *Lancet* of Feb. 6, 1894, describes what he terms a morbiomorphic expression of countenance which he defines as a mixture of the peculiar look which is found in measles, and that which is noticeable in a person under the influence of morphia. As Dr. Crerar is somewhat autocratic in his views I leave it to the imagination just what his morbilomorphic expression of countenance may mean, and simply state a few observations made in a series of about ten successive cases. In each I found a considerably contracted pupil not reacting to light and only very slightly to distances. This state of pupil was noticed soon after the onset and continued during the febrile stage. I trust some present may tell us something more of the phenomenon and then perhaps we may the better understand Dr. Crerar's statements.

The heart's action is described by some as usually slow and the sounds feeble, but as a rule I think it will be found a little quickened, the pulse of low tension and in the aged or feeble