I. In general, the disease shows itself with remarkable suddenness; there is an initial severe rigor, intense headache with giddiness suddenly supervening upon apparently perfect health, and rapidly developing prostration. More rarely there is a prodromal period in which the patient feels somewhat out of sorts with slight headache, nausea, feeling of weakness in the limbs and it may be some pain, more especially upon pressure in the region where the primary bubo will eventually become manifest. The intense headache and rigors are accompanied by a dry hot skin, the eyes become sunken, the features drawn, and soon a typhoidal state developes with or without coma.

II. There is definite but not particularly high fever rising rapidly to, generally, from 102 to 104°F., with tendency to remissions in the early morning hours and exacerbations in the late afternoon and evening hours, the temperature, however, may never exceed 101°. In favourable cases there may be resolution by lysis, the curve resembling somewhat that of typhoid convalescence, or more rarely by crisis. Septic complications may induce a characteristic curve.

III. Save in the fulminant and pneumonic cases, in which a primary bubo tends to be absent, a bubo, most often in the groin, next most frequently in the axilla, or again less frequently in the neck region,—is to be made out from the very beginning of the illness. An inguinal bubo is most common in adults, a cervical in children. This is, indeed, *the* "token" of the disease. It is painful on pressure, surrounded by an œdematous area, may be only just palpable, but in general is from the size of a walnut to that of a goose's egg; the skin over it is glazed and may be hæmorrhagic and vesicular. In the immediate neighbourhood of this primary bubo there may be other markedly enlarged lymph glands (primary buboes of the second class as they are termed by Albrecht and Ghon), enlarged as a consequence of direct infection through the lymph and showing similar characters. Only very rarely are there bilateral primary buboes (*e.g.* where infection has been through the integument in the midline of the body). Eventually there may be a general enlargement of all superficial lymph glands, *secondary* buboes; but these again, with very rare exceptions, do not show the same large size and surrounding infiltration and hæmorrhages seen in the primary. They are evidently due to infection of the glands from the blood stream after the germs have become generalized.

IV. Other "tokens" are carbuncles and cutaneous hæmorrhages. The latter are only seen in very malignant cases, as in the "Black Death," the former may be primary, at the seat of what is evidently the primary infection, or secondary, due like the secondary buboes to general blood infection.

V. Nervous disturbances are marked, but are very variable. The