Case 6.—B. J. M., age 29; service, four months: Admitted to hospital 14th September, 1918, suffering from ordinary type of influenza, complaining of headache, general malaise, and sore throat. Discharged cured in six days after a quick recovery.

Case 7.—W. J., age 34; service, three months: Admitted to hospital 10th September, 1918, complaining of general aching, chilliness, severe headache, and sore throat. Temperature rose to 102·4 next day, the patient still complaining of severe headache and a troublesome cough and expectoration. Examination showed the presence of bronchial râles. Good recovery and discharge on 20th September, 1918.

Case 8.—F. W. E. A., age 26; service, six months: Patient admitted to hospital on 2nd November, 1918, immediately on his arrival from Awapuni. He complained of severe headache and acute pains in his loins, also severe epistaxis. On examination there were râles and rhonchi over both lungs, a troublesome cough with rusty sputum being in evidence. Temperature fell gradually during the fourth day, but rose to 104 next day, with increased pulmonary symptoms. Fall of temperature by lysis followed. A good recovery and discharge on 19th November, 1918.

Case 9.—D. A. J., age 36; service, five months: Admitted to hospital on Saturday, 2nd November, 1918, immediately on his reporting from Awapuni, from which camp he was sent with eleven other orderlies for duty. Complained of severe headache, cough, and expectoration, his temperature being 103. Examination showed general broncho-pneumonia and all the signs of the prevailing epidemic of pneumonic influenza. Convalescence in this case was slow, but eventually the pulmonary signs cleared up, and he was discharged convalescent on 26th November, 1918.

Case 10.—B. F. H., age 20; service, four months and a half: Admitted to hospital 2nd November, 1918, with the usual symptoms of influenza, accompanied by pain in the right chest below the angle of the scapula. On physical examination the characteristic signs of broncho-pneumonia were in evidence. On 5th November slight pleuritic rub were noticeable; on 9th very troublesome cough, consolidation of right base, râles, and rusty sputum. After running a high temperature for thirteen days the patient made a good recovery, although on the twenty-sixth day he had an acute attack of diarrhœa. Discharged from hospital cured on 9th December.

Case 11.—S. T. A., age 42; service, two months: Patient admitted to hospital 11th November, 1918, with a temperature of 102·2. He was groaning and held his head in an extremely retracted manner, Kernig's sign being absent. Morphia, $\frac{1}{6}$ gr., was given hypodermically, and patient slept all night. Physically he presented the usual signs characteristic of pneumonic influenza and progressed satisfactorily, his temperature gradually falling until it became practically normal on the eighth day. 19th November: Physical examination showed some consolidation of the base of his left lung, with moist râles and thick yellow sputum, his temperature suddenly rising to 102 during the day. His condition gradually improved, and the chest signs cleared up, his temperature becoming normal again on 30th November. On 6th December his temperature rose to 100, his cough became more troublesome, and he developed an attack of pleurisy below the right nipple. He made good progress and was discharged fit on 28th December, 1918.

Case 12.—S. A., age 20; service, four months: Admitted to hospital 5th November, 1918, for influenza with pulmonary complications. Physically there was consolidation of base of left lung, and small patches of consolidation in right lung. Very troublesome cough and salmon-coloured sputum, with acute epistaxis. After running a high temperature for ten days, with a comparatively slow pulse-rate, his temperature fell by crisis and he made a good recovery.

Case 13.—R. T., age 24; service, five months: Admitted to hospital 5th November, 1918, with the usual symptoms. This patient showed the characteristic diffuse patches of consolidation over both lungs, with salmon-coloured sputum and numerous râles, cyanosis being moderate in his case. His temperature fell by slight crisis on the tenth day to 100·6, and thereafter by lysis until it became normal on the fifteenth day after the onset of the disease. A good convalescence and recovery.

Case 14.—B. J. C., age 32; service, three weeks: Admitted to hospital 4th November, 1918, suffering from influenza. Patient seemed to be improving until 7th November, when his temperature began to rise and he showed signs of broncho-pneumonia, characterized by small diffused patches of consolidation over both lungs. He became markedly cyanosed, and, although his temperature fell and he seemed to be holding his own, his temperature rose again and he became comatose, dying on 13th November at 8 p.m.

Case 15.—G. H. S., age 23; service, three weeks: Admitted to hospital 4th November, 1918, with the usual symptoms of influenza. He became very delirious, and showed on examination marked evidence of broncho-pneumonia. He was moderately cyanosed, and had an irritable cough with salmon-coloured expectoration. An interesting feature of this case was the development of acute pain in the right wrist, accompanied by some œdema. This condition of epiphyseal pain was present in some severe cases during the epidemic. The patient made a slow convalescence, but all pulmonary signs cleared up, and he was put on the convalescent list on 22nd November, 1918.

Case 16.—W. C., age 26; service, three years and a half: Admitted to hospital 7th November, 1918, with the usual influenza symptoms, aggravated by extreme obstinate vomiting. Acute diarrhœa followed on 8th November, and on physical examination consolidation of the base of each lung was in evidence, but with few râles. This patient did not develop any cyanosis, but pulse and respiration rates ran up quickly, death supervening on 9th November at 8 p.m.

Case 17.—H. A., age 30; service, two months: Patient was admitted to hospital with ordinary influenza. There were no physical signs in the lungs on admission, but on 19th October his cough became annoying, accompanied by a characteristic yellow sputum. On 28th October