The above is a description of typical influenza. But in not one of 49 cases, in which an exhaustive examination of the sputum was made, was Pfeiffer's bacillus present. In almost all (46) cases the pneumococcus was found. It was quite typical as to capsule formation, extracellular occurrence, and staining and cultural reactions. It was often present in almost pure culture and invariably preponderated so as to allow of no doubt as to its etiological importance. Streptococci and staphylococci were also occasionally present in small numbers. The diplococcus was virulent in mice, which died with the usual symptoms of pneumococcic pyemia. Pure cultures were obtained from the blood and tissues of the infected animals. That all the cases in this epidemic were due to the pneumococcus was shown by the fact that in the few instances in which a bacteriological examination of the sputum was made in Leipsig, outside the hospital the same result was obtained.

As this pneumococcus disease is clinically indistinguishable from influenza due to Pfeiffer's bacillus, Prof. Curschmann holds it best to retain the name of influenza even in the absence of the usual influenzal organism. Lazzatto has also reported a small endemic which occurred in the children's wards of the Graz Hospital. The patients, who were all under 3, had symptoms indistinguishable from influenza, but, instead of Pfeiffer's bacillus, the diplococcus pneumoniæ was found. Influenza thus appears to belong to the group of diseases which includes dysentery and pernicious anemia, having more than one exciting cause.—*The Medical Review.*

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Pain in the back or extending down the leg, and sometimes simulating sciatica or lumbago, may be due to chronic prostatic disease. It is wise never to make an offhand diagnosis of sciatica until every source of possible reflex pain from local organic disease has been eliminated by careful examination.—*International Journal of Surgery.*

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In many instances where a patient is supposed to have merely a sprain of the ankle there is some fracture around or in the joint. Signs of fracture should be carefully sought for. Where nothing can be found around the ankle on examination and the patient still continues to complain of pain and weakness, a skiagraph may show a transverse fracture of the os calcis which is held in place by the flexor muscles.—*American Journal of Surgery.*