emboli appear to have lodged; and in two such instances I find in my sections that these same emboli have penetrated the endothelium, and dissected the muscular coats of the vessels.

I am wholly unable to appreciate any effects which might be attributed to the treatments to which you say the growth has been submitted, except in the more superficial alveoli of the portion of the skin from old scar, where I recognize the effect of the x-ray treatment in a contraction of the alveoli, together with a general atrophic condition, affecting all superficial structures save epidermis, which appears to be entirely normal. The groups of cancer cells in this locality appear to have become markedly shrunken; they fail to react properly to the nuclear and protoplasmic stains, and there is consequently very little differentiation. It exhibits practically no karyokinesis.

The foregoing history, embracing the pathological reports, will, I believe, convince all who may be interested that in the study of cancer, more perhaps than in any other field of research to-day, is there need for "suspended judgement," for "the cultivation of that enthusiasm for truth, that fanaticism of veracity," which should be brought to bear on all questions involving human life.

Whether we accept or reject the theory upon which it is based, let the "trypsin treatment" receive the scientific test; while it is being tested, let there be suspended judgement. When the evidence is correlated and the final verdict rendered, if favourable, let it be accepted; if adverse—then on to the next.

INFLUENZA COMMENCING WITH SUDDEN UNCONSCIOUSNESS, AND EXCESSIVE DYSPNOEA.

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THE following account of an unusual case will, I think, be both interesting and instructive from the point of view of diagnosis, and on account of the recent renewal of severity of the scourge of influenza.

A. G., a plasterer, aged 38, was admitted into St. Mary's Hospital in the morning of December 6th in a semi-conscious condition. From the account given by his mates who brought him, and from what he was afterwards able to remember himself, it appears that he was in his usual health when he went to work that morning, and while he was at work he commenced to feel giddy. This lasted for perhaps ten minutes, when he fell down suddenly unconscious. He was slightly convulsed at first, and his fellow-workmen left him on the ground, thinking that he would soon come round. He recovered sufficiently in about twenty minutes to be able to speak, and he was then brought up in a cab to the hospital. He says now that at the time he felt able to walk up, but judging from his condition on admission, that is more than doubtful.

State on Admission.—After being put to bed, he was found to be lying in a semi-conscious condition, just able to answer questions, though very slowly. His temperature was 101° F., the pulse 88, and his respirations 76 per minute and slightly stertorous. The pupils were contracted and equal, and reacted to light. There were no signs of any weakness of the limbs, but his legs seemed somewhat rigid, and the knee-jerks were brisk; the plantar reflexes were flexor, the urine normal, tongue coated, and bowels constipated. He complained of pain in his head, and there was also occasional coughing, which increased the headache, as when he coughed he put his hand across his forehead. On the evening of admission the temperature ran up to 102.4° F., though the pulse fell to 72 and the respirations to 24 per minute. At 2 o'clock the next afternoon, when I saw him for the first time, the temperature had fallen to 99.6° F., but the respirations were again very frequent—60 per minute, while the pulse-rate was only 56, strong, and of full volume. He was now fully conscious, but was still slow in answering questions. He complained of severe frontal headache and of pain in his back in the lumbar region, and he was able to tell us that he had had two similar attacks, one four years and the other fifteen years previously. Examination of the chest showed him to be perspiring freely; both sides of the chest moved well, but on percussion the note over the whole of the right front was distinctly high-pitched, and there were numerous sticky râles to be heard over the right upper lobe. The arteries were somewhat thick-walled and hard, but the urine was of good specific gravity, and contained no albumen. The optic discs and retinae were normal, and examination of the nervous system showed no abnormal physical signs.

The several diagnoses that were at once suggested as possibilities were—epilepsy, cerebral haemorrhage or thrombosis, cerebral tumour, uraemia, and pneumonia. Epilepsy seemed possible on account of the sudden onset

of unconsciousness, followed by slight convulsion, and this diagnosis was rendered more probable by the history of two similar attacks previously. However, the dyspnoea, the râles in the chest, and the pyrexia excluded this diagnosis. Apoplexy and cerebral tumour, too, were similarly excluded. Uraemia at first seemed possible, because of the definite arterio-sclerosis present, and the dyspnoea might have been the air-hunger of uraemia, while pyrexia is not uncommon with uraemic convulsions. The breath did not suggest uraemia, though its odour was heavy, and the high specific gravity of the urine, with absence of albumen, excluded this diagnosis too. Pneumonia seemed, perhaps, the most likely of all the above-mentioned possibilities, accounting for the pyrexia, dyspnoea, high-pitched percussion note, and the râles. The dyspnoea was, however, excessive for pneumonia, and the pulse-rate disproportionately slow. Although it is well known that in pneumonia the pulse-respiration ratio is altered from the normal 1.4½ to 1:2 or even less, I have never known such a disproportionate ratio as was present in this case of 88:76 on admission, and when I first saw him on the next day the pulse-rate was even slower than the respirations, being 56:60. Such an excessive frequency of the respirations is met with only in asthma, hysterical dyspnoea, or in air-hunger of uraemia, or acid intoxications, as in diabetes or salicylate poisoning. Moreover, although lobar pneumonia may be ushered in with a convulsion in a young child, especially one with a family neuropathic tendency, I do not know of such a commencement of the disease in an adult.

Neither of these possible diagnoses, therefore, seemed to fit the case, and one sign seemed to me particularly suggestive of influenza—namely, the slow pulse, only 56 when I first saw him, though the temperature was then 99.6° F. Looking at the case from this point of view, the other symptoms—the frontal headache and lumbar pain, pyrexia, sticky râles, and cough—all clearly pointed to this disease. Only the curious mode of onset with sudden unconsciousness remained to be explained, but, being familiar with the literature of the disease, particularly of the epidemic of the early nineties, I was aware of several cases having been recorded which started suddenly in this way. The after-course of my case proved this diagnosis to be correct. He was put on an effervescing quinine mixture every four hours; the frontal headache and the backache improved much on the third day, and his temperature, which reached its highest point of 102.8° F. on the third night, fell to normal during the early hours of the fifth day, and he rapidly became convalescent. The high-pitched percussion note and the râles over the right front of the chest disappeared on the third day, and no further signs of pneumonia developed, but that he had an abortive form of pneumonia, of influenzal origin, I have no doubt. We learnt later that the two previous seizures with sudden unconsciousness that he had had, four years and fifteen years ago, ushered in precisely similar attacks of influenza to this illness, being followed on each occasion by fever, severe headache, pains, and bronchitis which was afterwards recognized to be due to influenza. It will be noted that his first attack occurred in 1891, in the comparatively early days of the last invasion of this country with influenza.

TWO CASES OF CYSTINE CALCULI.

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CYSTINE calculi are of such rare occurrence that a brief account of two cases—one vesical, the other renal—which were recently under my care at the same time in the Manchester Royal Infirmary, may prove of interest.

In a series of 140 cases of vesical calculi which I have removed by operation, Case 1, recorded below, is the only instance met with where the calculus has consisted of cystine.

In the BRITISH MEDICAL JOURNAL of July 13th, 1878, I recorded details of 4 cases of vesical calculi consisting of cystine, which were operated upon by my father (who was surgeon to the Manchester Royal Infirmary, and Professor of Surgery at Owens College). Of these, 2 occurred in private and 2 in hospital practice.

The last case of the series, which is fully recorded in