into the bile duct is now closed by an ordinary curved round needle held in the fingers without any needle-holder, a continuous catgut suture being used for the margins of the duct proper, and a continuous fine green catgut or spun celluloid thread being employed to close the peritoneal edges of the gut. In such cases where the pancreas is indurated and swollen from chronic pancreatitis, and is likely to exert pressure on the common duct for a time, I insert a drainage tube directly into the duct and close the opening around it by a purse-string suture, the tube being fixed into the opening by a catgut stitch which will hold for about a week, but where this is not done I usually fix a drainage tube into the fundus of the gall-bladder in the same way, as this drains away all infected bile and avoids pressure on the newly sutured opening in the duct.

So easy is it to remove impacted stones after this method of exposure, that I now never spend a long time in manipulating stones impacted either in the cystic or common duct, but at once incise the duct, remove the concretions, and close the opening without damaging the duct by prolonged manipulation. Although there is seldom any fear of leakage or of infection, yet owing to the separation of extensive adhesions there is usually some tendency to pouring out of fluid in the first twenty-four hours. I therefore generally insert a gauze drain through a split drainage tube, bringing it out by the side of the gall-bladder drain. The wound is closed in the usual way by continuous catgut sutures, first to the peritoneum and deep rectus sheath, next to the anterior rectus sheath, and lastly to the skin. Even in acute or subacute, as well as in chronic pancreatitis, this method is advantageous, as at the same time that the pancreas is exposed the bile ducts can be explored, and if the cause be gall-stones they can be removed. Should it be necessary to expose the under surfaces of the pancreas an extension of the incision downwards gives enough room to raise the transverse colon and to get directly at the body of the pancreas through the transverse meso-colon.

To those having little experience in this operation the modifications which I have employed may seem trivial, but to those who have experienced the difficulties of the ordinary operation I feel sure that the method which I have described, which enables the pancreas and the whole of the bile passages to be dealt with close to the surface, will be sufficiently appreciated. But the technique of the operation is not the only important part of the treatment of these serious cases, which require thought and