

gall-bladder was elicited. Pancreatic crystals were found in the urine, and digestive symptoms were present.

At the operation on April 23rd, 1903, one large calculus was removed from the cystic duct and some smaller ones from the common duct by choledochotomy through separate incisions in the two ducts. The common duct was sutured and the cystic duct drained. The pancreas was found to be enlarged and inflamed. The patient made a good recovery and is now well.

Were it necessary I could give a good many examples, but another will, perhaps, suffice.

2. The patient, a lady, aged fifty-nine, began to suffer from abdominal pain followed by jaundice and vomiting twenty-six years ago, and she had been subject to attacks at longer or shorter intervals ever since. Fifteen years ago she was in bed for three months with constant pain, but never had rigors. A fortnight ago she had a severe attack of pain followed by jaundice, which persisted. She had lost four stones in weight. There was no enlargement of the liver or gall-bladder, but some dilatation of the stomach. Pancreatic crystals were found in the urine. At the operation, on March 10th, 1903, a small gall-bladder was found, containing two gall-stones, which were removed and the gall-bladder drained. The common and hepatic ducts contained many stones, which were removed through an incision in the common duct. The pancreas was slightly swollen. The patient made a good recovery and remains well.

The explanation of the pancreatitis in these two cases was manifestly the obstruction of the pancreatic duct, with infection of the secretion, but the complete recovery after operation showed that the inflammation was probably only catarrhal, and not advanced interstitial trouble.

If the gall-stone obstructs the common duct for long, what was at first a simple catarrhal pancreatitis may assume a truly interstitial form, and unless drainage of the bile ducts is continued for some time, or permanent drainage in the shape of cholecystenterostomy is established, relapse will speedily occur. The following case is an example:

Mrs. W., aged fifty-seven, had had two operations previously in Scotland. On the occasion of the first operation, in September, 1902, a number of gall-stones were removed from the gall-bladder, which was drained for a few days, but after the wound had healed the attacks had been repeated as before. A second operation was undertaken by the same surgeon, without finding anything definite. After the wound had healed and the temporary drainage had ceased, the attacks again returned, and the