not being able to satisfy myself with a diagnosis of any of the more common troubles in the abdomen, I stayed and watched him practically all night. Early in the morning I called up Drs. Cockburn and Bauer, and told them I had something unusual on which I would like their opinion. They met me in consultation at 10 a.m. Patient was up and dressed, and while much distressed could sit in a chair possibly more comfortably than he could lie down. They went over him carefully, and found the condition before described. The conclusion arrived at was, that it was acute pancreatic hemorrhage, and if not that, probably rupture of a duodenal ulcer. The patient was told of the seriousness of his trouble, and advised to go to the hospital and have an immediate laparotomy to remedy, if possible, his condition. He wished first to attend to his business affairs, and, moreover, was averse to any operative procedure. As he did not improve he finally went, and, later on, consented to operation, which, owing to these reasons, was not done until 6 p.m., by which time his condition had become alarming, Pulse very weak and irregular, breathing very superficial, costal and hurried, with abdomen greatly distended. Temperature 101. Light delirium. Chloroform was used as the anesthetic, and administered by Dr. Gilrie. Drs. Cockburn, Bauer and myself, operated. An incision to the right of the umbilicus and upward a considerable distance, and later extended each way. As soon as the abdomen was opened the intestines were forced out and the abdominal cavity was found filled with a bloody serous fluid, upon which floated apparent fat globules. No peritonitis was present, but areas of fat necrosis, from the size of a pin head to larger than a split pea, were present upon the peritoneum, omentum, and especially on the transverse mesocolon, in fact, anywhere over the abdomen where any fatty tissue was present. The pancreas was very much enlarged and swollen, and practically disorganized with an enormous amount of blood in the retroperitoneal tissue. The gall-bladder was examined and found normal. The abdominal organs were so distorted and so much damage had been done, that after as much fluid as possible was removed, the abdomen was closed. Considerable relief was given by the evacuation of the fluid, but the patient died fourteen and a half hours afterwards.

Post-mortem Examination—The abdomen was filled with the fluid mentioned. The areas of fat necrosis described were present in abundance. A gall-stone the size of a cherry was found in the cystic duct at its junction with the common duct. I may mention here that gall-stones have a place in the etiology of this disease which will be mentioned later. Enormous masses of blood were found in the retroperitoneal tissue follow-