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ON PANCREATIC INFLAMMATIONS IN THEIR RELATIONSHIP TO CHOLELITHIASIS, AND THEIR TREATMENT.

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Mr. President and Gentlemen,—Your kind invitation to give the Address in Surgery before the Canadian Medical Association, accompanied as it was by other temptations, especially that of a visit to this delightful and important part of Greater Britain, left me no choice but to accept the proposed honor.

My only difficulty lay in the selection of a subject, but as I have been for some time working on the pathology and surgery of the pancreas, I ventured to think that pancreatic inflammations in their relationship to cholelithiasis might prove of sufficient interest and importance to engage your attention.

If my surmise falls short of my wishes and of your expectation, I must beforehand crave your forgiveness.

Among the many complications of gall stones, pancreatitis in its various forms is now known to be one of the most important, though the relationship has only comparatively recently been recognized.

The bile ducts and the pancreas are so intimately related in their development and their anatomy that it can excite no surprise to find them frequently associated in their diseases; and though we frequently find cholelithia is without pancreatic troubles, it is much less common to have inflammation of the pancreas, whether acute, subacute or chronic, without finding common duct cholelithiasis. The reason for this association is not far to seek; it is due to the junction of the common bile duct and the duct of Wirsung at the ampulla of Vater, and their common opening into the duodenum, a channel always containing organisms ready, under certain conditions, to invade and become virulent.

Pancreatitis is probably always a secondary disease and usually dependent on infection spreading from the common bile duct or duodenum. It may be asked, if common duct cholelithiasis and pancreatitis are so

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