

shoulder, and to a lesser degree to the left shoulder. The skin is very itchy, especially after an attack. There is little or no jaundice; appetite has been poor for months. Stools often, but not always clay-colored. During the acute attacks she has chills, fever and sweats. Patient has emaciated a great deal.

On October 28th Dr. Meek operated on the patient. He found a large calculus in the diverticulum of Vater, which was removed through an incision in the common duct. There were many strong adhesions binding the liver and the gall-bladder to the duodenum and bowels. Gall-bladder was atrophied and divided into two parts by firm adhesions.

11. *Diseases of the Spleen.*

(a) *Movable Spleen.*—In wandering spleen pain of a dragging character may be felt in the epigastrium and left hypochondrium. The recognition of the organ in an abnormal position will suffice for the diagnosis of this condition. Should the organ rotate on its pedicle this will be indicated by severe paroxysmal pain in the left hypochondrium, persistent vomiting and shock. The pulse becomes rapid and feeble.

(b) *Infarct and Abscess of the Spleen* usually follow infective endocarditis and septic conditions, and is indicated by pain and tenderness in the splenic region, on pressure, and swelling of the organ.

(c) *Spleno-Medullary Leukemia* is commonly attended by pain and tenderness in the left hypochondrium. The diagnosis will depend on the presence of enlarged spleen and marked increase of leucocytes.

7. *Diseases of the Pancreas.*

(a) *Acute Pancreatitis.*—Many points in the symptomatology as well as in the etiology of this affection are as yet obscure, which makes its recognition difficult. Its onset is sudden and violent, resembling much an acute intestinal obstruction, or a calculus obstruction of the common duct. Pain is the earliest symptom, and is said to be more intolerable than that of gall-stones. The pain is felt in the epigastrium, and is usually paroxysmal in character. Severe vomiting accompanies the pain, as also do rapid pulse, dyspnea, cyanosis, and hiccough. Localized distension of the epigastrium, resonant upon percussion, is an early sign. The temperature rises in the course of 24 hours, and many range from 100 to 104 deg. F. throughout the disease.

(b) *Chronic Pancreatitis.*—The symptoms are not distinctive. They may be similar to those of gastric catarrh, viz., loss of appetite, nausea, vomiting, belching, pyrexia, and a sense of