made a free incision into the lesser sac of the peritoneum, preferably between the stomach and the transverse colon and the gastro-cœlic omentum, and incised the capsule of the pancreas, carried in a large tube down to that and sutured it there so that it would not get displaced. A symptom of great importance is in opening the abdomen in these obscure cases when possibly necrotic fat is not noticed, the first symptom which will point to the trouble is the blood-stained fluid. This physical sign is not a very common one, and when one does meet with it in an exploratory operation for an acute condition, it is always well to think immediately of acute pancreatitis. I have, during the past two years, since reading an article on the use of protopin, been using it, and quite recently, this year, where there was unquestionably gall stones, and in addition definite evidence of pancreatitis the patients have developed attacks while using it. I must confess that in the treatment of the subacute and chronic forms, where the abdomen has been opened for diagnosis, I have drained the gall bladder, since both Robson and Moynhan have advanced the procedure, and it seems to me to give better results than any other treatment.

F. R. ENGLAND, M.D.—I would like to ask Dr. Archibald if he has been able to locate an impacted calculus at the ampulla of Vater. Mayo Robson, several years ago, drew attention to the anatomical differences which may exist at the termination of the common bile and pancreatic ducts. He pointed out how, under certain conditions, a calculus might block the distal end of the ducts in such a way that the biliary secretion would be forced along the pancreatic duct setting up an acute pancreatitis.

If an obstructing calculus could be located in the ducts the rational surgical procedure would naturally be to cut down at the point of obstruction, opening the duodenum or otherwise, and, if possible, remove the obstruction.

A. E. GARROW, M.D.—I would like to ask Dr. Archibald if in his cases of acute and chronic pancreatitis he has noted the development of glycosuria. Robson and others have referred to the comparative frequency with which this condition appears in these cases. So far as my own experience goes I have not seen any.

E. W. ARCHIBALD, M.D.—In answer to Dr. Garrow's question, I would say that I have not found glycosuria except in one patient in whom there was probably sclerosis of the organ, not only of the parenchyma but of the islands of Langerhans. In several cases I have found culculi impacted in the ampulla of Vater, causing damming back of the bile. In one case of cancer of the pancreas it was demonstrated