

"chronic pancreatitis," another pretty surely would not. As Mayo has well said, "If so much uncertainty can exist with regard to the gall-bladder and its infections, how much more uncertainty must exist as regards the pancreas and its infection? The sense of sight cannot aid in solving the question. . . . The diagnosis must be established by the sense of touch, and a certain amount of intuition on the part of the diagnostician which, unfortunately, often plays too much of a part in his final judgment." Further on, Mayo, in the course of the same article, states that it has been his practice for years to examine with a gloved hand the entire contents of the abdomen when opened for any purpose and the condition of the patient will permit such manipulation.

He has been "surprised to find how frequently the pancreas showed enlargement, induration and nodulation which would have justified a diagnosis of chronic pancreatitis, if some portion of the biliary tract had been the original lesion, but in which there was no symptomatic evidence whatever that pancreatic disease existed." I would like to add to this an observation which I have many times made and recorded, that not infrequently where the clinical symptoms simulate very closely that syndrome which has been described, and which is generally believed to indicate a chronic pancreatitis, I have been unable to detect any palpable changes in the size, consistency or structure of the pancreas, and had my attention not been called to it, previous to the operation, as a possible explanation of the train of symptoms given by the patient, I should have said the pancreas was perfectly normal. This observation has been verified by Lissauer, who recently reported a series of twenty-four cases in which he emphasizes the association between chronic pancreatitis and alcohol, and brings out the fact that microscopically there was no disease of the pancreas ascertained. An observation of no little importance. As I have said before, the existence of pancreatitis is unquestioned, but I cannot agree with the proposition that it occurs with anything like the frequency, or that it deserves anything like the importance which is attached to it by some writers. It is so easy to say and so satisfying to the patient and his friends to give as an explanation for failure to find any satisfactory cause for the symptoms complained of, but is it not really in many cases just a term used as a cloak for our ignorance? More than ten years ago I called attention to a peculiar-dilatation of the first part of the duodenum, coupled with certain apparent changes in the pancreas. At the same time, the fact was noted that these pancreatic changes were not constant. I felt then and still feel that the only satisfactory explanation of this condition of the duodenum, frequently associated as it is with