

present, and Dr. Garrow's case was one of that sort. Yet the same type of pancreatitis does occur without any apparent evidence of stones at all; and I assume that, just as in the appendix, so also in the pancreas, as the result of fibrosis from preliminary inflammation there may develop a series of secondary inflammations, giving the relapsing type.

Dr. Shepherd advises draining the gall bladder as a routine thing. Certainly one would always be inclined to operate in these cases (if only in an exploratory way), because after all one can never be quite sure that the pancreatic lesion is not dependent upon a stone which might be removed, or adhesions round the pancreatic head, which might be separated; but if in the course of such an operation one does not find any of these conditions, the etiology remains unclear and draining would seem to me to be hardly indicated. I prefer to give Urotropine, upon the offchance of the lesion being due to infected bile. This is a less serious form of therapy than a cholecystostomy or cholecystenterostomy.

OSTEOMYELITIS: RECOVERY OF TYPHOID BACILLUS 20 YEARS AFTER PRIMARY INFECTION.

A. H. MACCORDICK, M.D.

J. M. ELDER, M.D. I would like to say that, though I operated upon this case, mine was merely the mechanical part; the presumption that this was possibly an old typhoidal lesion was due entirely to the physician who had charge of the case and who worked it out, namely, Dr. Lafleur. The wound healed by primary intention. The history was that these attacks would come on, apparently after she walked a little more than usual, the pain being very violent. This condition, off and on, persisted for a good many years. I do not think there is another case where a pure typhoid culture has been recovered from the bone after twenty years. Keen reports a case of, I think, seven years, and I remember one case from Dr. Blackader's wards which I operated on four or five years ago; and, if I remember rightly, she had been in the hospital eleven years previously with a history of typhoid fever and more or less trouble with a typhoid node on the tibia ever after. Here we got a pure typhoid culture also.

The case under discussion gave a positive Widal reaction of the blood, and an interesting question would arise whether typhoid bacilli were present in the stools; and whether, therefore, she would be capable of conveying typhoidal infection all these years. I regret that we did not settle this point in our investigations of this very interesting case.