the process of disorganization, even if it cannot alter the changes that have already occurred. Doubtless, in some the disease was a catarrhal inflammation of the pancreas, which was arrested either before interstitial inflammation had actually developed or before it had advanced too far, and probably in none of the cases had the interstitial change advanced so far as to become interacinar or to present the advanced stage of atrophy or cirrhosis, as in none of the cases was sugar present in the urine at the time of operation, though the metabolic functions of the pancreas were impaired, as shown by the presence of the pancreatic reaction, and the digestive functions were affected, as shown by the condition of the feces.

Whenever the pancreas is involved, either in catarrh or in chronic inflammation, the surgeon must be prepared to do a thorough operation for exposure of the whole length of the common duct, as well as the head of the pancreas. I trust that I shall be pardoned if I give in detail the operation which I have been accustomed to perform, and which I have found both convenient and efficient.

Details of Operation.—I have been able to modify the operation for exploring the head of the pancreas and the common bile duct in such a way that what was formerly a most difficult procedure, involved prolonged manipulation, special appliances and at least two assistants, is now a comparatively simple operation, in the greater number of cases only requiring the help of one assistant and not requiring the use of any special apparatus. By this method the time involved in the operation is reduced considerably, and where adhesions do not give unusual trouble it is easy to complete the work in from thirty to forty minutes, which not only means a saving of time and fatigue to the operator, but a considerable saving of shock to the patient. I always employ a firm sandbag under the back opposite to the liver, which not only pushes the spine, and with it the pancreas and common duct, forward, but acts like the Trendelenburg position in pelvic surgery, by letting the viscera fall away from the field of operation. I then make a vertical incision over the middle of the right rectus, the fibres of which are separated by the finger, which I find to be the most expeditious and the most effective method of exposing the gall-bladder and bile ducts, but when it is necessary to open either the common duct or the deeper part of the cystic duct, instead of prolonging the incision downwards, as was formerly done, I now carry it upwards in the interval between the ensiform cartilage and the right costal