

by a duct. When in the jejunum they have been found in the apex of a diverticulum.

The explanation of the case here recorded is simple enough. In the process of the growth of the primary pancreatic diverticulum, some of the primitive germ cells have been separated from the others and have undergone a certain amount of development. As the intestine becomes larger and longer in the course of the embryo's growth, these aberrant cells became further separated from the main mass. As it was provided with a separate duct, the accessory may, and probably did, originate in a sort of side diverticulum from the main one. When the primitive diverticulum originated higher up in the digestive tract, we get the accessory pancreatic nodule in the wall of the stomach or else we get a well formed pancreas, its only abnormality being that its duct instead of opening into the duodenum discharges into the stomach. Such cases have been recorded.

The practical importance, from a pathological point of view, is that these misplaced pancreatic "rests," like other embryonic inclusions, are capable of independent growth, and thus may subsequently develop into tumours, either adenomata or carcinomata. Certain cancers of the stomach are thus not improbably due to these foetal implantations. The analogy is close with the suprarenal "rests" found in the kidney.

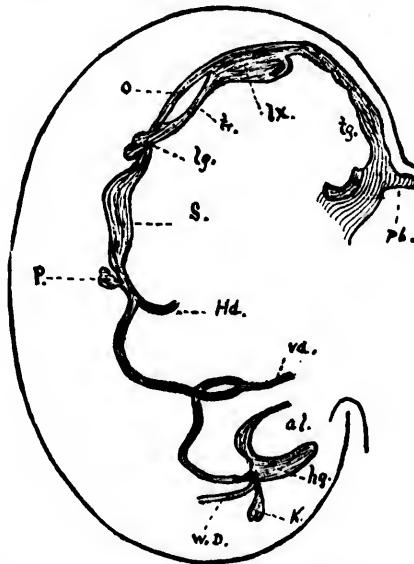


Fig. (After His.) Alimentary Canal of human embryo of twenty-eight days ; Pb, pituitary fossa ; tg, tongue ; lx, primitive larynx ; o, oesophagus ; tr, trachea ; lg, lung ; S, stomach ; P, pancreas ; hd, hepatic duct ; vd, vitelline duct ; al, allantois ; hg, hind-gut ; Wd, Wolffian duct ; k, kidney.