

been no jaundice till two and a half years ago, since which time the attacks of pain had always been accompanied by rigors and by deepening of the jaundice. Within a short time of my seeing her, the symptoms had become aggravated and the loss of flesh had become extreme. The patient was so ill that the question of cancer of the pancreas was raised, but the pancreatic reaction in the urine definitely pointed to inflammation and not to growth. At the operation I found the pancreatic portion of the common duct packed with large gall-stones, and the head of the pancreas was markedly swollen. On passing the scoop through the opening in the common duct from the pancreatic portion of the duct, a stone the size of a cherry was extracted, it being covered with offensive pus. This had apparently lodged in a cavity in the head of the pancreas. A profuse discharge of bile and offensive pancreatic fluid, with pus, continued to pass for a week, after which the discharge became gradually less. She made a good recovery, and remains well a year later.

In general, subacute pancreatitis starting as suppurative catarrh, with the formation of a localized abscess, the pancreas may be so damaged that after the abscess has been cured by drainage, the extensive interstitial pancreatitis may ultimately lead to the death of the patient at a longer or shorter interval, as in the following case:

Mr. H., aged forty, had suffered from continuous fever, with exacerbations associated with rigors, that recurred almost daily. He gave the history of failing health for nine months and of having had gall-stone attacks much longer, but the acute symptoms associated with jaundice had only been present for a fortnight before I saw him. The pancreatic reaction was found in the urine. At the operation on October 11th, 1900, he was far too ill to bear a prolonged search, and as the adhesions were very firm, I felt it desirable only to drain the bile ducts through the gall-bladder, though a marked swelling of the pancreas made it appear probable that an abscess might be present. A large quantity of muco-pus drained from the gall-bladder, and a number of gall-stones were removed. The abscess of the pancreas discharged through the drainage tube, after which the pancreatic swelling subsided. The patient made a slow though steady recovery, and returned home early in December. Though he was able to get out and to take food, he never fully regained his strength, and died in February of the following year. At the necropsy the pancreas was found to be much enlarged, and to be the seat of interstitial pancreatitis. The cavity where the abscess had been was occupied by a little pulpy material, but