down to gastric irritation, acute indigestion, etc., are of this nature. I saw a case to-night in which I made a provisional diagnosis of pancreatitis, following the lines which Dr. Archibald gave some two years ago. Tenderness is a much more important symptom than pain. The first picture is that of intestinal obstruction high up. I am very glad Dr. Archibald has come round as to the usefulness of doing a cholecystostomy and draining the bile ducts. Undoubtedly, until some one is able to offer something better I think we are justified in draining the gall bladder. I would like to make the statement that until you have opened the gall bladder and got some bile I do not see very well how you can find out if obstruction is present.

A. E. GARROW, M.D.—I should also like to congratulate Dr. Archibald on the excellence of the paper which he has presented to-night, particularly with respect to the importance of attempting to recognize the latter two conditions, those of subacute pancreatitis and the chronic, and with these the recurrent forms. It seems to me that the chief difficulty lies in the recognition of these two. I do not think there is much difficulty in recognizing the fulminating forms, and particularly those associated with hæmorrhage. Personally, I have been inclined from a clinical point of view to divide the very acute forms into two types, each of which I had an opportunity of reporting to the Society this year; first, those in which the symptoms are shock and collapse and not infrequently, as in two of my cases, with a very rapid pulse, subnormal temperature, and all the symptoms of shock after colicky pain; and second, a type of acute intenseness associated with some fever and abdominal pain. The diagnosis of the other two types, the subacute and the recurrent forms, is only made when the abdomen is opened and the pancreas felt. It is quite true that in many of these cases, particularly if you see them during the acute exacerbation, that you may be able to map out with a good deal of exactness the tenderness which evidences the swollen and tender pancreas, but frequently the patient comes in towards the terminal stage of the attack, and one has got to depend very largely upon the history to corroborate the statement that the pain is apt to radiate into the left shoulder. I have looked for that symptom but have never been able to get one patient to acknowledge that as we find the pain radiating into the shoulder in an attack of cholecystitis.

The treatment of the acute attacks: It has been my fortune to meet with several of these very acute cases not associated apparently with bladder or bile duct infection, and even after opening the gall bladder and draining it the question was, what should I do with the intensely swollen and engorged pancreas, and in the last two or three cases I have