ney. It was shown that there was a common canal and that the stone could easily have been the cause for obstruction of the pancreatic duct. We were both very fortunate in having had recoveries. With the limited number of cases which have come under observation in Montreal it is curious that these two should have presented themselves in the same ward at about the same time.

RIDLEY MACKENZIE, M.D.—I have known Dr. Hutchison's patient for some time, as she has been at the hospital quite frequently, and I do not think I ever saw a more desperate case after operation.

E. W. ARCHIBALD, M.D.—Dr. Elder is to be congratulated upon giving us such a good *résumé* of a subject that is interesting the medical world very strongly at this time. In my own mind there is a doubt whether the pendulum is not swinging a little too far in the direction of ascribing pancreatic affections to primary gall bladder trouble. It seems to me that not infrequently the order of things is the reverse. In a case of acute hæmorrhagic pancreatitis which I reported before this Society, it was remarkable that while every clinical symptom pointed to gall bladder trouble, that is, common duct obstruction, such was absolutely not the case, except in so far as it was secondary to swelling of the head of the pancreas. This man had had five attacks in previous years, all supposed to be from gall bladder. Opie's theory, which is so attractive because it is so mechanical, is very apt to make us forget that there exists not infrequently a primary pancreatitis, to which a secondary gall bladder trouble may be superadded. The quotation from the article by Thayer recalls a late paper by von Mikulicz in which he referred to a case operated on in Boston. It was one of very acute pancreatitis in which operation was undertaken very early; a large pancreas was found and multiple incisions of its capsule were made, with recovery. Of course one such means little; at the same time it suggests the possibility that even these very acute cases which are supposed to be inoperable may quite possibly, by early operation, be saved.

J. M. ELDER, M.D.—As to all cases of pancreatitis being due to cholelithiasis, I certainly did not intend to make that statement. For example, I do not think there is any connexion at all between this and the acute hæmorrhagic form. What I intended to state was that, as Robson shows, many of the cases of so-called catarrhal jaundice are really cases of chronic pancreatitis to which the jaundice is secondary; and that infective pancreatitis is often a sequel to infective cholecystitis or cholangitis. As to fat necrosis, I quite agree that there is nothing essentially dangerous in fat necrosis; but the danger is that where you get necrosis or digestion of fat, you are never sure that it will always