long detained in it, a catarrhal pancreatitis may supervene, as in the following case: A patient, aged thirty-eight, after being subject to indigestion for years had biliary colic in July, 1899, and passed gall-stones, which were found in the motions. Subsequently the attacks of pain were frequent and severe, necessitating the use of morphia. They were usually accompanied by icterus, which, though slight, probably never quite disappeared. When I saw him in November, 1903, he had lost flesh and was prevented from carrying on his professional duties. The metabolic and digestive signs of pancreatic catarrh were well marked. At the operation, on November 23rd, 1903, no gall-stones were found, though the gall-bladder was thickened and adherent to contiguous organs. The pancreas was firmer than usual, though not very much swollen. Cholecystotomy led to recovery, though the drainage of the bile ducts had to be continued for three months. The patient is now well.

In this case the pancreatic catarrh had evidently been set up by the passage of gall-stones through the common duct. The pancreatitis had, however, persisted, and was not only keeping up painful symptoms, but leading to obstruction of the bile ducts and to interference with nutrition. Now this case would formerly have been called catarrhal jaundice, whereas it was really due to catarrhal pancreatitis, as proved by the digestive and metabolic signs, and later by operation.

I could relate other instances, but this case will suffice to show that pancreatic catarrh may be produced by a passing gall-stone and persist after the cause has disappeared, and that drainage of the bile ducts is followed by cure.

If, after some time, the stone passes, the pancreatic catarrh may subside and leave no trace, or the swelling of the pancreas may persist, become true interstitial pancreatitis, and for a long time keep up pressure on the common bile duct, leading to a persistence of the jaundice, though there is no concretion left to cause obstruction, nor any evidence of disease of the liver beyond the jaundice due to mechanical obstruction. Thus may be explained some of the cases of very chronic jaundice, with so-called chronic biliary catarrh, a number of which cases I have operated on.

While one could not say that there is no such disease as chronic catarrhal jaundice, I suspect that many cases so designated are really instances of chronic interstitial pancreatitis, in which the common bile duct is compressed by the swollen pancreas. The following case is a good example:

Mr. H., aged twenty-six, had had jaundice since the age of