

mon bile duct and so imitate malignant disease of the head of the pancreas; in fact, it is highly probable that some of the cases described as "scirrhus" of the pancreas were inflammatory rather than carcinomatous. It is true that chronic pancreatitis does not always act in this way; the reason why it causes jaundice in some cases and not in others is that the anatomical relations of the head of the pancreas and the common bile duct are not always the same; in 62 per cent. of bodies the common bile duct is completely embedded in the head of the pancreas and so would be compressed, whereas in the remaining 38 per cent. the duct lies behind in a deep groove (Helly) and would not suffer. In jaundice due to chronic pancreatitis the clinical picture may resemble that of malignant disease obstructing the bile ducts, and in such cases Cammidge's tests are of great value in the differential diagnosis. These tests, namely, examination of the urine for the "pancreatic reaction" and analysis of the faeces, especially with regard to the total quantity of fat and the relative percentages of the saponified and unsaponified fat, are complicated, and with their inventor's growing experience have undergone considerable change and extension. They have been adversely criticized, and there can be little doubt that they are more successful in their inventor's hands than in those of his critics. They require time and practice, and, generally speaking, should be carried out by an expert, and are hardly adapted for ordinary clinical work. But in my experience they may establish a diagnosis when ordinary clinical methods are inconclusive.

Chronic pancreatitis may be initiated in various ways, but is usually due to a calculus in the lower end of the common bile duct. The indurated head of the pancreas may be easily mistaken for carcinoma in the course of an operation planned for the removal of a gall-stone, but abandoned under this misconception. Fortunately in some such incomplete operations manipulation of the parts appears to have extruded the calculus into the duodenum, and so to have, unintentionally, so to speak, brought about a cure. It appears that chronic pancreatitis initiated by a stone in the common duct may persist and advance after the calculus has been passed. The surgical treatment of chronic pancreatitis consists in thorough drainage of the bile ducts by means of cholecystotomy or cholecystenterostomy. This procedure has also been advocated by Mayo Robson (1910) in order to prevent the late sequel of the disease, namely, diabetes. Removal is of course the proper means of dealing with calculi in the common duct; but in patients who are not fit for operation or decline it, two methods of medical treatment are worth a trial: (a) Urotropin, which has been shown by Crowe to be excreted into the biliary system, may be combined with sodium salicylate, which increases the flow of bile; in this way the gall-bladder and