

can be removed much earlier than when a more extensive incision is employed. They are generally removed in from 24 to 48 hours. Stress is laid upon the necessity for their removal. Three of the cases had a marked degree of pyelitis, but with the removal of the obstructing gland the condition was greatly improved. The majority of the cases call for treatment, directed towards the accompanying cystitis and loss of muscular tone of the bladder wall. Seventy-five per cent. of the cases had more or less advanced renal lesions, and it was observed that in many cases of renal insufficiency the condition was much improved by removing the urinary obstruction and so giving free drainage to both kidney and bladder..

---

T. C. LITLER JONES, F.R.C.S. Eng. "A Case of Acute Hæmorrhagic Pancreatitis, Operation, Recovery." *Lancet*, February 18th, 1905.

The points of interest in this case apart from its rarity, are the age of the patient (26 years), the extremely foul and furred tongue, the absence of any known cause, the difficulty in diagnosis and the uncertainty of treatment. With the exception of a history of constipation the woman was in perfect health. While turning in bed to reach for her baby she was taken with a sudden severe pain in the abdomen. Though constipated she at once passed a small hard stool. The pain was accompanied with vomiting more or less persistent. Numerous enemata failed to obtain any result more than a little flatus. She was admitted 46 hours from onset of attack. An anxious expression, dry mouth and foul furred tongue, distended abdomen, fluid in the flanks, painful area in the epigastrium with localized swelling, pulse 128, weak and fluttering, temperature 96 F. was the clinical picture. A tentative diagnosis of perforated gastric ulcer was made. Upon opening the abdomen about three pints of blood mixed with serum escaped. Exploration revealed fat necrosis at the entrance to the lesser sac of peritoneum, an opening was made through the gastrocolic omentum and the pancreas found to be about three times its normal size, discolored, cedematous, and in places hæmorrhagic, though no free bleeding was present. The gland was incised longitudinally. No stone or abscess was found, but what seemed to be a dilated space, which was packed with gauze. Wound closed with the gauze for drainage. The packing was removed in 36 hours, when a discharge of clear, fluid pancreatic juice, began, causing trouble at the upper end of wound. The case was discharged perfectly well about two months later.