

between the lower lobe and the diaphragm. The condition immediately followed the extraction of teeth under a general anaesthetic. I drained this space for a week or ten days when it closed up and she went home. She did not, however, seem to get well. There remained a feeling of discomfort in the side and an irritable hacking cough. A few days after her return home she coughed up a tooth and since then, I understand, the symptoms have entirely disappeared.

PANCREATITIS, ACUTE, SUBACUTE, AND CHRONIC RELAPSING.

E. W. ARCHIBALD, M.D., and A. A. BRUÈRE, M.D.

F. M. FRY, M.D. If this lipase is found in the liver, in the subcutaneous tissue, and elsewhere, why would not disease in these tissues lead to the presence of lipase in the urine and prevent one being absolutely certain that the disease is in the pancreas.

F. J. SHEPHERD, M.D. I should like to express my pleasure in hearing this paper and the interesting cases that have been reported. The fact that they have been diagnosed without operation is important. I think myself it is always well to drain the gall bladder, as there may have been a stone which has escaped, as Dr. Duval has said, into the ampulla of Vater. I remember a good many years ago we thought a hard pancreas indicated malignant disease. I operated on a case of supposed gall stones and found nothing but the head of the pancreas quite hard. I thought I felt some nodules here and compressed them with my fingers and they seemed to disappear, the gall bladder was opened and nothing found and then sutured. I thought that these nodules were stones in the duct of Vater and that in compressing these nodules I had moved them on or broken them up. The man got perfectly well from that time on. Of course I have seen many cases of chronic pancreatitis with gall stones and also without and I have found many get better after drainage. I have had no recurrences in any cases that I know of.

E. W. ARCHIBALD, M.D. In reply to Dr. Fry, it is true that lipase is found normally in other organs, such as the liver and subcutaneous fat, and that lipase might possibly come from these places rather than from the pancreas. Yet, of course, in these cases the pancreas is the organ definitely at fault; we are not dealing with any inflammation of the subcutaneous fat or of the liver, except possibly in certain cases of severe biliary infection. We must conclude, therefore, that it is the disturbance of the pancreas that is causing the exit of lipase into the urine. With regard to Dr. Duval's remarks that the chronic relapsing form may be due to a ball-valve stone in the ampulla of Vater, that, of course, is perfectly sound. I had one case in which this condition of affairs was