

body. The brain and spinal cord also were carefully examined, and appeared to be in a perfectly sound condition.

*Microscopic Examination:* Parts of the pancreas, mesenteric glands, and omental nodules were submitted to microscopic examination, with the following results:

(a) *Pancreas:* The interstitial structures show considerable infiltration with blood, the capsule, subcapsular tissue, and interlobular bands near the surface being by far most affected. No changes can be made out in the vessel walls, but they are crammed with blood corpuscles; the stripping off of the endothelium of the arteries is very remarkable, the cells being mixed through the clotted blood in the vessels. The capsule is also in places considerably infiltrated with inflammatory cells. In the fat tissue in the neighborhood of the capsule and adherent to it are necrosed patches similar to those described below, and even the fat which is not otherwise affected shows marked small cell infiltration. In the interlobular tissue, acute inflammation is in process, as indicated by round cell infiltration, but this is patchy. The parenchyma of the organ in parts presents areas of cell necrosis without definite signs of inflammation: in others merely cloudy swelling: whilst in others round cell infiltration is so dense as to completely destroy lobular structure. At no place can abnormal collections of fat be seen in the pancreas. The condition, then, is one of acute interstitial and parenchymatous pancreatitis, with hemorrhage and necrosis. No blood appears *within* the lobules.

(b) *Mesenteric glands:* Swollen; dense small cell infiltration of periphery, with central necrosis, the necrotic areas being quite soft in the gross specimen.

(c) *Omental nodules:* These are seen on examination to consist of greatly modified fat tissue. A division into two zones, and in some cases three, can readily be made out. In the central and middle zones the cells retain their outline fairly well, and can generally be accurately delimited with the eye: in the outermost zone, in parts, only granular debris infiltrated with inflammatory corpuscles can be recognized. In many of the fat cells of both inner zones the cell contents are collected into a large globule located centrally in the cell, with either clear areas or granular matter surrounding: in many instances these globules are of a marked bright yellow color. The cells of the central area, as a whole, stain with carmine much more feebly than those of the middle zone, although both stain markedly enough. Taken from centre to circumference the cell contents can be better described as finely granular than otherwise, some being completely filled out, others only partially so. Fat crystals are to be seen in a few of the mid-zone cells, but not generally. The zone of the inflammatory reaction is narrow, as compared with the size of the whole nodule, and