

duct and gall-bladder were drained. The patient bore the operation well, and from that time onward had no more fever, but for the fortnight during which he lived his temperature was persistently subnormal. He had no peritoneal symptoms, and the bowels were moved freely from the second day onward. Calcium chloride had been given before the operation, and at the operation he lost no blood. None was given subsequently to operation, as the rectum was intolerant of injections, and on the eighth day there was rather free oozing of blood from the drainage track, which had to be treated by gauze packing, after which the calcium chloride was renewed and no more bleeding occurred. On the eleventh day the patient became somnolent and declined to take food. From this time he got gradually weaker and died comatose on the fourteenth day in a condition almost resembling that associated with acute atrophy of the liver.

If the suppurative catarrh takes on a very acute form, the development of abscesses in the liver and pancreas may occur and the condition becomes one of pyemia, when the chance of recovery will be very remote, as in the following case:

The patient, a lady, aged sixty-five years, seen with Sir William Broadbent and Dr. Bousfield, was suffering from deep jaundice, suppurative cholangitis, pancreatitis and parotitis of pyemic origin; rigors, with a temperature of 105 deg. occurring daily, or even twice a day, the acute symptoms having come on within a fortnight, though there had been a history of gall-stones for years. The common and hepatic ducts were filled with gall-stones, which were removed through an incision in the common duct and a large quantity of extremely offensive pus and bile was evacuated. At the same time the right parotid gland (the seat of inflammation) was incised. The bile was examined bacteriologically and found to contain the bacillus coli in large numbers; next in numbers were streptococci and another rather fine bacillus, which appeared to grow anaerobically only, and there was a fine spore-bearing organism, probably the bacillus coli putrefaciens. The urine gave a well marked pancreatic reaction. The patient, who had also heart disease and abuminuria, appeared to be doing well for twenty-four hours, when she died suddenly, apparently from cardiac thrombosis.

If the suppurative catarrh assumes a subacute form, it may end in a simple pancreatic abscess, which can be successfully evacuated as in the following case:

Mrs. P., aged sixty-one, gave the history of having been subject to biliary colic for three or four years, though there had