

whenever there is a question of severe pancreatic hemorrhage. Woolsey, of New York, has operated with success upon three cases of pancreatitis. Bunge, of Königsberg, who has demonstrated, as also has Opie, that pancreatic hemorrhage and fat necrosis are caused by the injection of air, paraffin, and especially oil, into the pancreatic arteries, also advises immediate operation. Experience has taught us, and the reason for operation may be summed up in this way, and the surgeon should bear in mind these facts:

1. The very slight tendency of pancreatic hemorrhage to stop spontaneously.
2. The locally destructive and general toxic action of the pancreatic ferments set free by the inflammatory and hemorrhagic process.
3. When the symptoms are at all severe the course is clear. The only rational therapy is to open the focus with the knife and drain the toxic and infectious exudate.
4. Because it is only likely to be mistaken for conditions also requiring early operation.
5. The patient is in a much better condition now to stand an operation than when weakened by suppuration and necrosis, which almost inevitably follow.

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