not so that glycosuria occurs when the islands of Langerhans are affected, and is absent if they are not?

Is fat necrosis really a dangerous condition *per se*. Is it not so that fat necrosis can exist for a considerable time without microscopical evidence of its causing any trouble.

A third point is the use of early operation in pancreatitis. The pancreatic juice apparently has no power against living functioning tissue, *e.g.*, the duodenum does not necrose though pancreatic juice flows over it, and the pancreas itself does not necrose. At post mortem pancreatic necrosis begins almost immediately. Here it would seem then that early operation opens up the pancreas and permits drainage, that is, one operates before the tissue dies and recovery takes place. Once started this necrosis is cumulative and will go on until the whole organ is practically destroyed. Is not the usefulness of early operation that it prevents the destruction of tissue becoming complete, and the tissue from becoming liable to necrotic change?

J. Alex. Hutchison, M.D.—To those not particularly interested in this subject it may be said that surgical literature to-day is abounding in descriptions of the various clinical, pathological and bacteriological conditions developing out of this subject. A number of noted men during the past three or four years have written very able articles upon it, particularly in the English speaking world, and more especially Mr. Mayo Robson, whose address before the Canadian Medical Association last year was on this subject. In Dr. Elder's case, while agreeing in many respects with my own, one can see some very definite differences. Dr. Elder operated for possible obstruction, I operated for a condition of general peritonitis involving the upper part of the abdomen, the cause of which was very uncertain, possibly gall stones or appendicitis, from the history of a previous attack for which she was treated in the Royal Victoria Hospital two years before. The pain was never localised, being present at times low down in the left lumbar region and again over the gall bladder. The onset in both cases was much the same, very severe, but the peculiar labour-like pains in my case were certainly unique. The fact of both cases getting well I think is due to the early operation and drainage. However, Robson speaks of the benefit which comes of simple cholelithotomy, the calculi being frequently the cause of the obstructive condition. The common bile duct can be obstructed often without producing any pancreatic change, as was shown in a recent case under my care where I operated for gall stones, removing one stone from the ampulla of Vater through an incision in the duodenum after the method originally suggested by McBur-