

it was found that the obstruction was due to pressure and kinking of the duct, rather than the invasion of the growth into the lumen. The pancreas showed marked atrophy and general dilatation of the main duct to the diameter of a lead pencil. A probe passed from the pancreatic duct was similarly arrested in the ampulla. The pancreatic lobules were surrounded by strands of firm connective tissue, and about the head there was some fat necrosis. No secondary growths were found and the remaining organs were normal.

*Anatomical Diagnosis.*—Columnar celled adeno-carcinoma of the Ampulla of Vater; obstruction with dilatation of the biliary and pancreatic ducts, icterus, acute plastic peritonitis, right hypostatic pneumonia, right old pleural adhesions.

CASE II.—J. M., at 40. Admitted to the Royal Victoria Hospital under Dr. Bell on September 24th, 1903. There was a history of typhoid fever eight years ago, and also of the use of alcohol to a moderate extent. Patient worked in the lumber camps during the winter, and was in perfect health until he returned in March, when he complained of a dull pain in the back. He was admitted to the hospital in June but remained only 18 days, with little improvement. The pain continued and made him feel weak. His appetite began to fail and he lost some thirty pounds between March and September. A week before admission to the hospital he vomited four or five times.

On admission to hospital, patient was poorly nourished with well developed but flabby muscles. Skin was dry and harsh with a yellow tinge. The conjunctivæ were distinctly yellow. A dull aching pain in the lumbar region, chiefly on the left side, radiated to the front of the abdomen and chest. As there was some tenderness over the umbilical region a thorough examination could not be carried out, but no mass could ever be felt. His appetite was poor, while he suffered from nausea with the sensation of weight in the stomach. He was constipated and the fæces were pale. The urine contained bile, but no albumen. The red blood cells numbered 3,910,000. While in the hospital the jaundice kept progressively increasing. He complained constantly of pain in the abdomen but could give no definite location of greatest intensity. An exploratory laparotomy was undertaken in October with the resulting diagnosis of malignancy situated about the head of the pancreas. Nine days after this, during a fit of coughing, the wound broke open, and another incision was made and the gall bladder was stitched to the edge of the second wound and drained. The patient continued getting weaker and died on November 12th, 1903.

*Autopsy.*—Body that of a tall, emaciated man, with a yellow colour to the skin. Two wounds of recent operation were situated over the