

4. *Special Symptoms Obtained by Artificial Means:* (a) Alimentary glycosuria, (b) Sahli's symptom.

I am sorry that the time at my disposal will not allow me to dwell on these symptoms individually, but as I have recently done so in my Hunterian lectures, which can be seen in the *Lancet* for March 19th and 26th, and April 2nd, 1904, I need only now refer to them collectively. I would at once say that no single symptom alone will justify the diagnosis of pancreatic disease, but with such a number of symptoms and signs as those I have related, it is a mystery to me how the idea has gained so firm a hold that pancreatic diseases are, as a rule, undiagnosable. For instance, Opie only last year wrote: "Disease of the pancreas is rarely recognized during life," which is a reproach that I hope will in future have no justification. Although in any single case we may not have all the symptoms and signs that I have mentioned, yet in no case ought we to fail to find digestive or metabolic or physical signs if disease of the pancreas be present. Different diseases of the pancreas, it will be seen, as one would expect, present very various grouping of symptoms, but in nearly every, if not in every, case since Dr. Cummidge and I have been working together at the subject, we have found most valuable help from the urinary pancreatic reaction. Although we must not yet say that this sign is absolutely pathognomonic, yet it is safe to make this assertion, that if the test be skilfully carried out it affords most valuable positive or negative evidence, when taken with other symptoms, in not only establishing the presence or absence of some disease of the pancreas, but in assisting in the differentiation of simple from malignant disease, a most important matter when surgical treatment is in question.

For the significance of the urinary test, and for the somewhat complicated and elaborate method of carrying it out, full details will be found in the Arris and Gale lecture, published in the *Lancet* for March 14th, 1904.

*Treatment.*—The treatment of catarrhal inflammation of the pancreas and of chronic interstitial pancreatitis will at first be by general and medical means aiming at the cause, whether that be gall-stones, pancreatic calculi, duodenal catarrh, gastric ulcer, alcoholism or syphilis; but if, after a fair trial of medical treatment not too long continued, the jaundice and loss of weight continue, and the signs of failure in pancreatic digestion and metabolism are manifesting themselves, the question of surgical treatment should be seriously considered, for the condition is one that if not relieved early will certainly lead to serious degen-