

of obstruction of the common bile ducts by gall-stones, the infective cholangitis may press on into suppurative cholangitis, an extremely serious and frequently fatal disease: but until I reported my cases in the Hunterian lectures I believe it had never been suggested that the same condition may occur in the pancreatic ducts. The termination probably depends both on the vital condition of the individual and on the form of the infection, for in one of my cases streptococci were found in the pus, whereas usually the organism is the bacillus coli.

The following cases exemplify three different types of suppurative catarrh, which it will be seen is an extremely serious, though not necessarily a hopeless disease if treated early. If the suppurative catarrh be diffuse and involve the ducts throughout the liver and pancreas, the associated septicemia is very serious, as the following case seen with Dr. Hector Mackenzie proves:

Mr. W., aged sixty-five years, seen on January 4th, 1904. He had had attacks of gall-stones seven years before, and two seizures during the last two years, both of which were followed by jaundice. His present illness started on November 23rd, with severe pain, followed by jaundice. On December 20th a very severe attack of colic was followed by more intense jaundice and enlargement of the liver, with irregular temperature. The patient had had albinuria for seven or eight years. When I saw him there was tenderness above and to right of the umbilicus and he had severe pain. A specimen of the urine was examined and found to give a marked pancreatic reaction (pointing to acute inflammation), and to contain calcium oxalate crystals. On opening the abdomen on January 7th, firm adhesions were encountered, and on detaching the omentum, phlegmonous cholecystitis was discovered, with gangrene of the fundus of the gall-bladder: pus escaped freely, but the peritoneal cavity was saved from being soiled by means of sponge packing. The common duct was enormously dilated and embraced by the swollen pancreas, but no gall-stones could be felt. On opening the common duct a large quantity of pus and bile escaped. By means of the scoop passed into the common duct and the fingers passed behind the pancreas, a number of gall-stones were extracted, but a hardness could be felt at the papilla which could not be removed. On laying this open after incising the duodenum, a gall-stone was removed from the ampulla of Vater and pus was immediately seen to flow from the duct of Wirsung. The duodenum was then closed, the gangrenous upper part of the gall-bladder was removed, and the common