

dent symptoms only of hepatic abscess, with fever, sweats, etc., a large collection of pus first flowed on operation, but in a week afterward the discharge contained both bile flowing from a communication with the gall-bladder and milk taken into the stomach from a hole in the adherent pylorus, each due to an ulcerating carcinoma. Tumors of the head of the pancreas are particularly deceptive, for they almost inevitably cause jaundice, while hepatic cancer is accompanied with jaundice in only about half the cases. I once had a man in my wards who came in deeply jaundiced, and with a large, painless, smooth tumor, of the size of a cocoanut, evidently containing fluid, and just like a distended gall-bladder, except that it was bisected longitudinally by the median line. Two days afterward sugar appeared in his urine, and I made the diagnosis of a pancreatic cyst. He was operated upon by my colleague, Dr. McBurney, and the cyst was successfully drained, the gall-bladder then appearing distended behind it. In every case of the kind, therefore, it is not the present but the past which gives us the most probable clues to the truth of the case. The present symptoms may be consistent with more than one condition, but a careful investigation into the beginnings will often illustrate the advantages of the clinical rule that you cannot be too particular in your questions about the first signs. Thus, with neoplasms, pain is rarely the first symptom, and still more rarely is it of a colicky kind. Tumor is often the first symptom, with jaundice long afterward.

Carcinoma of the gall-bladder, or of the biliary passages, when it occurs, seems to be definitely related to the local antecedent irritation by gall-stones. Thus, Bodrowski found gall-stones present in every one of forty cases, and Courvoisier in seventy-four out of eighty-four. In the bile ducts, the commonest seat of carcinoma is at the outlet of the duodenum, which is also the commonest place for permanent impaction. So far as they go, these facts support the theory of the infective nature of cancer. The experiments of Orth and Wyssokovitsch show that traumatic lesions produced anywhere will cause a local predisposition to infective processes, and this is confirmed by Meltzer and Cheesman, who showed that slight wounds inflicted on various viscera such as the mucous membrane of the uterus, became afterward almost the sole seats in the body for the development of bacteria injected in the first instance into a vein of the ear. The products of chronic inflammation, therefore, caused by gall-stones, instead of degenerating into cancer, as was once thought, may simply have afforded the best nidus for a subsequent malignant infection, just as sarcoma likewise too often follows traumatism to be merely a coincidence.—*N. Y. Med. Jour.*