

enjoyed good health, yet that she is living with a damaged pancreas and consequently glycosuria.

Mr. D., aged forty-two, had an attack of pain in the right hypochondrium ten years ago, but no jaundice. He had been free from attacks up to six weeks ago, when he had a severe attack of pain in the right hypochondrium, radiating to the back and shoulders, accompanied by rigors and vomiting and followed by jaundice. The jaundice had persisted up to the present; no swelling to be felt. An exploratory operation was performed on October 27th, 1898, when a mass thought to be growth in the head of the pancreas was discovered. The patient made a good recovery, with a great relief to the jaundice. I suspect the enlargement of the head of the pancreas was chronic pancreatitis, as it was too soft for scirrhus. I very freely manipulated it to feel if there was a gall-stone in the termination of the common bile duct, and this may have dislodged the obstruction, leading to the relief of the jaundice. A specimen of his urine was obtained in 1904, and although he was reported to be quite well, this was found to give crystals by the "A" reaction, which dissolved in half a minute, and to contain sugar in fair quantity.

This, along with other cases that I know of, leads me to think that it is unwise not to thoroughly drain the bile ducts, and I consider that drainage ought to be continued until the bile becomes free from organisms and its normal route is free from obstructions.

In certain cases, doubtless, recovery occurs without operation, and I have notes of one case where a gentleman of advanced age had deep jaundice associated with glycosuria and with well-marked pancreatic reaction in the urine, pointing to the case being one of pancreatic diabetes. Under general treatment, combined with massage, he regained his health, and is now said to be quite well. In this case it is quite possible that the massage may have dislodged a concretion which was blocking the common bile duct and the pancreatic duct, but as no search was made in the feces, this cannot be proved. As the patient lives abroad, we have not been able to test the urine, which I suspect will still contain glucose.

This case raises the question whether operation ought to be declined because of the presence of a small amount of sugar in the urine. In future, should the patient's condition be fair, I shall feel inclined to recommend operation in order to remove the obstruction, and by drainage to arrest the pathological process going on in the pancreas.

*Suppurative Catarrh.*—It is well known that in some cases