and have a history of occasional colicky pain accompanied by eructations of gas, and may possibly give a history of gall-stone colic. Further causes are a hemorrhagic diathesis, alcoholism, arterio sclerosis, syphilis, fatty degeneration of the organ in obesity, traumatism, embolism and thrombosis. From the two latter a small area of necrosis is caused, and thus destruction of the parenchymatous cells, causing an infiltration of this area with the pancreatic ferments, the increased undermining of the tissue and a further hemorrhage. The corroding action of the bacteria coming from the blood, duodenum, or bile passages or vessels, or neighboring organs, in the ducts allows the escape of these fat-splitting ferments with the same action as above, the amount of damage done depending upon the resistance of the vessels in the interstitial connective tissue. In infection from cholangitis and cholelithiasis the infection travels from the bile duct through the ampulla vateri in a backward direction to the pancreatic duct. Opie has established the fact that a gall-stone can be caught in the ampulla Vateri, and can produce a retrograde flow of infectious bile into the ductus pancreaticus. Malignant growths, cysts, etc., are further causes.

Symptoms—One of the characteristic features is the sudden onset, usually with violent colicky pain in the upper abdomen, nausea and vomiting. The abdomen becomes distended and tympanitic, and there is usually constipation. There is tenderness over the whole abdomen, particularly the upper. The temperature at first is low, often sub-normal, but later rises. The extremities are cold, cyanosis is usually marked, breathing is hurried and costal. The shock is usually intense on account of the pressure on the solar plexus and nerve supply of the abdomen in general. This shock is a prominent feature in the disease. There is great pain and tenderness in the back in the area corresponding to the pancreas, *i.e.*, the upper lumbar and lower dorsal region. This, as I said before, is, I think, a distinguishing feature in this disease not often mentioned. Fitz's rule might be repeated here: "Acute pancreatitis is to be suspected when a previously healthy person, or sufferer from occasional attacks of indigestion, is suddenly seized with a violent pain in the epigastrium followed by vomiting and collapse, and in the course of twenty-four hours by a circumscribed swelling, tympanitic or resistant, with a slight rise of temperature."

Differential Diagnosis—The three principal conditions from which it is to be differentiated are:

1. Perforation of gastric or duodenal ulcer.
2. Intestinal obstruction high up.
3. Acute perforative appendicitis.

With regard to the first, *i.e.*, the ulcer, there will have been