

The urinary pancreatic reaction was well-marked. Just before operation he vomited clear fluid, not containing bile. Operation was performed on April 5th, 1902, when a pancreatic cyst was exposed between the stomach and colon, containing four pints of straw-colored fluid. Inside the cyst was found a mottled black slough with grey patches, two and a half to three inches long by one and one-quarter inches broad, and one-half inch thick, evidently pancreas. (See photographs XVII. and XVIII.) The gall-bladder and ducts contained thirty stones, two the size of walnuts; one of these was found at the junction of the cystic and common duct, and pressing on the latter. The cyst of the pancreas and the gall-bladder were drained by separate tubes with the stomach and the first part of the duodenum between them. On being put back to bed the patient was quiet, but vomited frequently. He made a steady recovery without any untoward symptoms and left for home on May 2nd, 1903. On March 3rd, 1904, the patient was the picture of health and had gained one and one-half stones in weight. He told me that the gall-bladder opening had closed in six weeks and the pancreatic fistula in nine weeks.

*Symptomatology.*—It is quite unnecessary for me to give the ordinary symptomatology of cholelithiasis, or of pancreatitis in its various forms, as I have done that elsewhere, but it may reasonably be asked, How can it be told when catarrhal or interstitial inflammation of the pancreas has supervened on cholelithiasis? So long as the concretions remain in the gall-bladder or cystic duct it is extremely unlikely that the pancreas will participate in the cholecystitis, unless the pancreatic duct has become infected at the same time as the bile ducts.

As soon as gall-stones pass into the common duct, even if they are not long detained in it, a catarrhal or even a parenchymatous pancreatitis may supervene, but if the gall-stone remains in the pancreatic or interparietal portion of the common duct, setting up infective cholangitis, a pancreatitis is almost certain to occur.

The symptoms of pancreatic catarrh, passing on to interstitial pancreatitis, vary according to the cause; for instance, if it be due to gall-stones, there will be a history of painful attacks in the right hypochondrium and epigastrium, associated with jaundice, and possibly accompanied by fever of an intermittent type often resembling ague. Tenderness at the epigastrium, with some fulness above the umbilicus, will usually be noticed; loss of flesh soon becomes marked, and if the pancreatic symptoms predominate, the pain will pass from the epigastrium