

the patient had lost two and a half stones in weight. Cholecystotomy was performed on March 29th, 1898. Thickened duct felt, together with swelling of the pancreas; thought to be cancer of the head of the pancreas and common bile duct. Drainage of the gall-bladder for ten days. The patient made a complete recovery, and in August was apparently quite well, having gained a stone in weight. He was in good health in 1901. Though apparently well in January, 1904, an examination of the urine gave the pancreatic reaction, and showed that the original damage to the pancreas had not been completely repaired.

Mrs. D., aged forty-six, had had spasms for years. Acute seizure in July, and three times since. Since July, pain and sickness every two weeks. No tumor felt at any time; jaundice occasionally, after an attack of pain; lost one stone in weight. She had never vomited blood and never had melena. There was tenderness over the gall-bladder, but no tumor. Slight enlargement of the head of the pancreas. Cholecystotomy was performed on December 11th, 1899. Empyema of the gall-bladder. Many stones removed from the gall-bladder and cystic duct. Adhesions broken down. Nodular condition of the head of the pancreas found. The patient made a good recovery and was well in 1904, though an examination of the urine showed the pancreatic reaction, and proved that the metabolic functions of the pancreas were still not normal.

In some cases where operation has been delayed, or drainage of the bile ducts not performed or not long enough continued, the original interstitial pancreatitis may pass on into the inter-acinar variety, in which the islands of Langerhans become involved and glycosuria ensues, as in the two following cases:

Mrs. C., aged fifty-one, who was suffering from persistent jaundice with periodical pains and ague-like seizures that had extended over a long period, was operated on in July, 1895, when several gall-stones were removed and others crushed in the common duct. A tumor of the pancreas was felt, which it was thought at the time might be malignant. The gall-bladder was, therefore, drained into the duodenum by a cholecystenterostomy. The patient completely recovered, and has remained well since the operation, over nine years ago, but examination of the urine recently by Dr. Cumming showed there to be an abundance of dextrose, but no acetone or diacetic acid. Pancreatic crystals were obtained by the "A" reaction, which dissolved in three-quarters to one minute, but none could be isolated by the "B" method. This showed that although the patient has been relieved by the operation and has apparently