

CHRONIC FORMS OF PANCREATITIS. By A. W. Mayo Robson, F.R.C.S.

Mr. Mayo Robson drew attention to chronic pancreatitis as a clinical entity apart from gallstone trouble, and he also described how frequently inflammatory enlargement of the pancreas accompanies cholelithiasis, especially if the concretions are in the common duct. He pointed out that chronic pancreatitis may persist long after the original cause has disappeared, and may simulate cancer of the head of the pancreas, and so terminate fatally under the impression that it is incurable, when, as a matter of fact, suitable surgical treatment is capable of curing the condition. His observations were based on a large series of cases on which he had operated, the first operation having been performed by him in June, 1890 (this patient being in good health fourteen years later); a second in 1891 and a third in 1892. In the latter case death occurred two days after operation, and a microscopic examination of the pancreas showed it to be interstitial pancreatitis. In 1895 he operated on two cases which were in good health several years later, and in 1896 on another case which was well some time subsequently. In this year (1896) Professor Riedel published a paper on inflammatory enlargement of the head of the pancreas, in which he described two cases of pancreatitis (the first of which was operated on in 1893) associated with malignant disease, and another paper on cases caused by gallstones. Mr. Mayo Robson described the symptoms, the pathological condition, the causes and the treatment of chronic pancreatitis, and showed that the anatomical variations in the relations of the common bile duct to the pancreas and in the termination of the ducts had an important bearing on the etiology of the condition. He urged the importance of preventive treatment, such as the removal of gallstones before they had produced complications, and the treatment of duodenal ulceration by gastro-enterostomy. If after a fair trial of general treatment, not too long continued, the symptoms persist, and the signs of failure in pancreatic digestion and metabolism were manifesting themselves, the question of surgical treatment, he said, ought to be seriously considered, especially when the disease is associated with jaundice. He said that rational treatment should aim at the cause, whether that was gallstones, pancreatic calculi, duodenal catarrh, duodenal ulcer, alcoholism or syphilis. Even in the absence of obvious removable causes he advocated efficient drainage of the infected bile and pancreatic ducts, either by cholecystotomy or cholecystenterostomy, preferably the latter. His experience has taught him that if the cause can be removed