subsequent history up to the time of my seeing her was that she had almost daily attacks of pain, followed by slight jaundice, and on five or six occasions, usually at intervals of a month, she had had violent seizures necessitating the use of morphia. About five weeks ago the pain was so violent as to cause her to faint, and just before coming to London another violent seizure, accompanied by collapse, occurred. A rigor, with high temperature, 104 or 105 deg., had followed each attack, the temperature between the seizures rising nightly to 101 deg. F. or 102 deg. F. She was rapidly losing flesh and strength. An examination of the urine by Dr. Cummidge showed no albumin or sugar, but well-marked pancreatic crystals, which dissolved in from one to one and a half minutes, rendering, along with other signs, the diagnosis of chronic pancreatitis certain. At the operation, on November 20th, 1903, the adhesions were found to be most extensive. There was well marked enlargement and hardness of the pancreas along its whole length, but it was not nodular. The common duct was carefully examined, but found to be free from concretions, and on opening the gall-bladder a probe was passed through it, and the cystic and common ducts, into the duodenum. While the probe was in position, the pancreas was manipulated and found to compress the duct, thus accounting for the obstruction. Cholecystenterostomy was, therefore, performed, the union being effected to the colon by means of a decalcified bone bobbin. At the time of operation the gall-bladder was separated from its fissure in the liver in order to make it reach the bowel without tension. For a few days after operation, bile was discharged from the torn liver surface in free quantities, but there was no leakage from the newly joined viscera. As the bile obtained a free passage into the bowel, it gradually ceased being discharged from the liver, and the tube was able to be left out at the end of ten days. The wound healed by first intention, and the patient was up at the end of three weeks. She was then able to take and digest her food, and has since been quite free from her old attacks. If the interstitial pancreatitis has persisted for some length of time, it is possible that recovery may be incomplete, and although the jaundice may disappear and the digestive symptoms may be alleviated, the metabolic signs found in the urine many months or even years subsequently, show that recovery is only partial. The following are examples:

Mr. D., aged forty-five, had had painful epigastric attacks for twelve months, with vomiting, but no jaundice. There had been deep jaundice since January 1st, with ague-like attacks, and