

on examination, the surface was found to be rather soft, giving the sensation of fungoid and in the centre was a depression and an orifice, allowing the entrance of the index finger. I explored this opening and brought forth a creamy pus. I found that this sac went to the pancreas. At the head of the pancreas there was a notch which felt as if it had been scooped out of the body of the gland. The spleen was enlarged, the appendix region normal. We were not allowed to remove any organ, so a full examination could not be made.

DR. LAFLEUR: This was a case which presented unusual difficulties in diagnosis; in fact none was made beyond the fact that the patient was evidently suffering from sepsis, but where that was we could not make out. At different times we thought of some condition about the liver or in the liver itself, in connexion with the gall bladder or bile channels, with the stomach, and even the possibility of it being an appendicular abscess. The only real indication we got at all was that there was something abnormal at the base of the right lung, that is, a few crepitations, but even this cleared up. We also thought of ulcerative endocarditis, but there was nothing definite. The absence of any localizing signs made the case obscure from beginning to end. The urine was examined and no sugar found. I would like to ask Dr. Derome if he opened the stomach, it might have been a gastric ulcer which had ulcerated and involved the pancreas secondarily.

DR. DEROME: The stomach was opened, but the ulceration which I mentioned seemed to open about an inch below the ensiform cartilage. The stomach seemed to be normal as well as the bowels, except a few peritoneal adhesions between the bowels and the stomach.

DR. ARCHIBALD: The question of sugar in the urine in pancreatic disease has always been of interest to me. I used to understand that with a pancreatic lesion one was rather liable to get sugar in the urine, but it has been proven that such is not the case and that, as stated in a monograph upon the surgery of the pancreas which appeared a few years ago, sugar in the urine does not appear in pancreatic disease until practically all the pancreas is destroyed; that it is like the thyroid and other ductless glands, it needs but a very small portion of the organ to preserve function. I was therefore not surprised to hear that in this case no sugar had appeared. I would like to ask if Dr. Telfer examined the stools. With regard to collargol I may say that I have used it several times myself in the form of the ointment, but I have seen no advantage in cases of septicæmia.

DR. FRY: Dr. Opie, of Baltimore, and others have recently written extensively on this question of gall bladder disease and particularly—in the case of gall stones. And this leads me to ask if Dr. Derome palpated the ducts. He mentioned that the gall bladder was greatly