

Infection situated elsewhere in biliary passages than the gall-bladder—in the hepatic, cystic, or common ducts, as well as many infections in the pancreas—are doubtless due indirectly to the presence of gall-stones. Much more common, however, than the symptoms owing to infections, are those owing to impactions of stones. A small stone engaged in the cystic duct, passing thence into the common, and thence into the duodenum, gives rise to the ordinary form of biliary colic. Permanent impactions in the cystic, hepatic, or common duct give rise to symptoms of long duration with exacerbations and with remissions, with irregularities of pain, jaundice, and fever, and manifestations of sepsis. In many cases gall-stones are latent in the gall-bladder, no symptoms whatever being noticed by the patient attributable to their presence. I find, however, that in cases of gall-stones in the gall-bladder which ordinarily would be regarded as latent, careful inquiry, after the establishment of the diagnosis by surgical exploration for other lesions, has shown that there are symptoms which can be explained best by the presence of stones in the gall-bladder.

Chronic inflammations of the pancreas dependent upon gall-stones afford a very interesting chapter in connection with this subject. The cases of pancreatitis, acute and chronic, have been thus far infrequent; yet I have no doubt that in very many instances the pancreas shares in the general derangement of the biliary system. To my mind an exact demonstration of the exact lesion of the pancreas known as *chronic pancreatitis* has not been made; and, in the nature of things, it will be made only with great difficulty. In many cases I have found an enlargement of the pancreas, a thickening and induration, and sometimes an irregularity strongly suggestive of cancer. In such conditions I used to close the abdomen on the supposition that the disease was cancer, and hopeless. The prompt recovery, not only from the exploration, but from the symptoms which called for that exploration, with permanent restoration of health, was to me very astonishing. I have regarded these cases as cases of chronic pancreatitis, and though infrequent, I have had of them a very considerable number.

There is, therefore, in the diseases to be considered a great diversity; and this diversity is almost wholly owing to the various mechanical ways in which the gall-stones affect the biliary passages.

A very important consideration in this paper, and one which