

ampulla forms a rounded eminence of the mucous membrane, known as the *caruncula major* of Santorini, the opening being seen at the apex of the caruncle. It is distant 8 to 12 centimetres from the pylorus. Above it there is constantly found a small fold of mucous membrane, which must be raised in order that the caruncle and its orifice may be clearly seen. Running downwards from the caruncle is a small vertical fold of mucous membrane known as the *frenum carunculae*. Above the *caruncula major* is found a smaller eminence, the *caruncula minor*, marking the termination of the accessory pancreatic duct, or duct of Santorini, which opens into the duodenum about three-quarters of an inch above the biliary papilla.

The mode of formation of the ampulla of Vater and the termination of the common and pancreatic ducts are liable to great variations.

Letulle and Nattan Lorrier distinguish four types, to which may be added a fifth, recently shown by a dissection now in the Hunterian Museum.

The first type is the classical one described above. In the second type the pancreatic duct joins the common duct some little distance from the duodenum, the ampulla of Vater is absent, and the duct opens into the duodenum by a small, flat, oval orifice. In the third type the two ducts open into a small fossa in the wall of the duodenum, while the caruncle and the ampulla of Vater are absent.

In the fourth type the caruncle is well developed, but the ampulla is absent, the two ducts opening side by side at the apex of the caruncle.

In the fifth type the common bile duct opens along with the duct of Santorini and Wirsung's duct enters the duodenum separately.

It will be readily understood that under ordinary circumstances when a gall-stone passes along the common bile duct and reaches the ampulla of Vater, it will not only occlude the bile passages, but also the chief excretory duct of the pancreas, the secretion of which will be retained. Should infection occur, pancreatitis becomes inevitable, and on the condition of the individual, as well as on the nature of the infection, will depend what occurs, whether a mild catarrh of the pancreatic ducts, an interstitial pancreatitis, an extremely serious suppurative catarrh, or a parenchymatous inflammation in the shape of acute pancreatitis.

Opie, finding in one case a very small gall-stone and a large ampulla of Vater, constructed a pretty theory, which is probably