

it is not necessary to separate the duodenum from the surrounding structures, especially the pancreas, and when there is sufficient peritoneal covering on the posterior surface to permit a safe and complete turning in of the end of the duodenal stump, complete closure of the abdomen may be permitted. When, however, the opposite conditions exist, and especially if the bloodvessels leading to the duodenum have been injured in the separation of it, it will be best to cover the end of the stump with omentum and to place a gauze tampon. He thinks that this method will give better results than Brunner's extraperitoneal suturing of the duodenal stump, which drags the duodenum out of its normal position and leads to frequent and stubborn fistula formation.

A Case of Chronic Pancreatitis Probably Starting in an Accessory Pancreas.—ROBSON (*Lancet*, December 23, 1905) says that this was a case of interstitial pancreatitis, unaccompanied by gallstones and apparently due to an extension of catarrh from the duodenum up to the pancreatic duct. There was a hard nodule felt in the wall of the duodenum, a not uncommon site for accessory pancreatic glands. A piece was removed during the operation and was proved by the microscope to be pancreatic tissue and not to be malignant. Had the body and tail of the pancreas been involved by the same process, cirrhosis and an unpromising outlook would have resulted. Cammidge's test and the blood examination proved valuable. The patient, after the operation, which included a cholecystenterostomy, did very well and returned to perfect health.

The Surgical Treatment of Tuberculous Glands of the Mesentery.—CORNER (*Lancet*, December 23, 1905) quotes Branson, the most recent contributor to this subject, as saying that large caseous mesenteric glands might be more frequently found than postmortems would indicate, because in life the process is latent though far from unimportant, since it may determine a general infection at any moment. With regard to diagnosis it may almost be laid down that hard, movable tumors in the belly of a child, which are not fecal, are caseous mesenteric glands. Corner says that tuberculosis of mesenteric glands is found most frequently in the ileocecal region. The cecum is the second place of rest for food in the alimentary canal, the stomach being the first; moreover, the cecum is the situation which contains a hundred-fold or thousand-fold more micro-organisms than any other part of the intestinal tract. These facts with the frequency of inflammation in the appendix explain the frequency of gland affections in this region. One of Corner's five cases was in an adult, a rare occurrence. The diagnosis of "functional disturbance" had been made, after renal calculus had been ruled out. The patient left the hospital, but returned later on account of his pains. He was operated on and perfectly cured. Branson says "excepting only the bronchial glands, caseation of the mesenteric glands is the most frequent promoter of tuberculous meningitis." The softened glands should be removed. A mere laparotomy, though frequently thought to be useful, in these cases is a half measure and is not followed by success.

Tuberculous mesenteric glands are always found in association with tuberculous peritonitis in all its forms, although tuberculous glands may be found without any tuberculous peritonitis. They are the result of tuberculous enteritis, not of tuberculous peritonitis.