of the pylorus, and of the head of the pancreas. If it is large and dislocated it may be difficult to distinguish from floating kidney, or from a cyst of the ovary.

Gall-stones may be diagnosed with certainty in the following conditions:

(1) Recurrent attacks of colic at the right costal margin with or without jaundice, with nausea and vomiting, and tenderness in the gall-bladder region. A history of such attacks, especially at long intervals renders the diagnosis certain.

(2) Recurrence of jaundice of short duration, or of long duration if preceded by colic. In such conditions the degree of jaundice is usually variable. Previous attacks of jaundice with gall-stones in the fæces are, of course, conclusive.

(3) Attacks of colic followed by jaundice a few days later.

Several conditions produce symptoms similar to those of gall-stones. In many cases of gastralgia the pain is sudden in onset and severe and is occasionally accompanied by nausea and vomiting. Such attacks may be due to a variety of causes, such as gastric or duodenal ulcer, hyperacidity in cases of gastric hyperæsthesia, and adhesions of the stomach to the gall-bladder or bile ducts. In the last class with the attacks there may be jaundice, and thus simulate a gall-stone attack very completely. A history of gastric ulceration or of gall-stones would be of great value in such circumstances. The attacks in such perigastric adhesions usually persist longer than gall-stone colic, and recur for years without material injury to health. They usually resemble gastric ulceration with hyperacidity more than gall-stone colic. The pain of neurosis, especially in neurotic women, may give much difficulty. The second case already described is one in point. In that woman there was the pain of neurosis, but that there was not also pain from gall-stone irritation of the cystic duct was quite uncertain. The gastric crises of tabes dorsalis may cause difficulty, especially if they occur before the other symptoms become manifest.

By way of conclusion I may say that in typical cases of gall-stones, as well as of diseases of the gall-bladder and bile ducts, the diagnosis may present no difficulties, but in the atypical—and they form the great majority—more than a probable diagnosis is impossible. Inflammation may simulate stone; and stone, inflammation. Tumour may simulate both. One often masks the character of the others.

A positive diagnosis being impossible, it only remains to be armed with a full appreciation of the difficulties to be met and of the conditions that may lead astray.