important questions? It is at once evident that one can set no hard and fast rule that will hold in every case for any one or all of these propositions. Here, as everywhere else in surgery, comes in that most important of all considerations—surgical judgment. Every case is a law unto itself and should be decided upon its own merits, after a careful survery of all the facts and not by blindly following precedent or the prevailing custom or fashion in surgery established by no matter how eminent authority. If it resolved itself into a simple rule of thumb, it would be easy to decide what is the right operation in a given case, when it should be performed and how. But there are so many factors which must be considered that one can only be guided by the concensus of opinion of those best qualified to judge, and by one's own observations and experience in the management of similar cases. One of the first things that strikes one in looking over this group of cases is the relatively large number that were operated upon either for some suspected biliary affection in which a faulty diagnosis had been made, or for some other supposed condition, gastric or duodenal ulcer, or chronic appendicitis, perhaps, and gall-bladder disease found present. In some of these cases no positive diagnosis had been made before operation. It had been performed largely in the nature of an exploratory incision and sometimes revealed a lesion of the biliary tract and sometimes not. This emphasizes the fact, which is familiar to all observers, that the diagnosis of the various affections of the biliary tract is not always easy. In typical cases, as in the typical case of any class, the diagnosis frequently reqnires the exercise of no great skill, but in other cases, even after the greatest care and most exhaustive study, one is unable to arrive at any definite conclusion, or if such a conclusion is reached, it may subsequently be found to be at variance with the surgical or pathological findings. Nor do I, personally, find it always an easy matter when there is reason for believing that a lesion of the biliary apparatus is present to distinguish between the different affections of that tract.

Attention has been so generally directed to the number and variety of lesions that may occur in the upper right-hand quadrant of the abdomen that it is an old story. Ulcer of the pylorus and duodenum, the various diseases of the gall-bladder and ducts, appendicitis, stones in or affections of the right kidney or ureter, ulceration or malignant disease of the colon, affections of the right lobe of the liver, including malignant disease and lues, referred pains in this region having their origin in the pelvis and elsewhere, various affections of the abdominal wall and diaphragmatic pleurisy are some of the conditions the diagnostician is not infrequently called upon to differentiate—and to add to