of this sort I have ever seen was that of a man upon whom I operated in October of 1892.

Fifteen years before while engaged in excavations in Georgia he had a severe attack of malaria, and while there passed a gall stone. The patient returned from the South after three years and did not pass another stone for three years. He then commenced passing stones at intervals of from every few months to a year. He was a man over six feet in height of powerful physique and normally weighed over 200 pounds. When I saw the patient in Oct. 1892 he had lost greatly in weight, was markedly jaundiced and very feeble. I suspected gall stones were the cause of the difficulty and told him that his condition was so far advanced that an operation seemed to me to be well nigh hopeless. He decided, however, upon operation. I will not describe this case in detail, but use it as an illustration which has come in my experience. The adhesions were the most dense I have ever met, the most determined efforts to reach the biliary passages meeting with failure. I tore the adhesions until I feared I should tear into the portal vessels but could find nothing in the biliary tract, the only thing which guided me being a small nodule which I thought was a stone. In manipulation this disappeared and I could find it no more and finally abandoned the operation. To my surprise the patient not only recovered from the operation but recovered absolutely from all symptoms of the disease and has remained in absolute health from that time until the present. The dislodging of the gall stone was doubtless the cause of the improvment.

The occurrence of dense adhesions is a complication which I have met very frequently. They occur with stones in the gall bladder, the cystic, and also the common duct. They add enormously to the difficulties and dangers of operation, and render what is under other circumstances a relatively safe operation, one of extreme risk. I should say, therefore, that the most common complication in inflammatory conditions of the biliary tract is the occurrence of adhesions. It is impossible, however, to tell in advance whether adhesions may be present or not. In several cases of long standing disease, with evidence of stone in the common duct, I have been able to reach the common duct without great difficulty, have opened it, removed a stone, sutured the incision and drained the gall bladder, and under these circumstances have seen the opening in the duct heal per primum. Unfortunately, when adhesions exist in connection with a stone in the common duct, they render operation extremely difficult. I have been forced to open the common duct upon its posterior aspect with a bistory, guided by my finger, after I have been compelled to abandon every other method of reaching the