normally belong, and cures the affection. It is the simplest, because it is based on an accurate knowledge of the anatomical defects in this region. We now know that the presence of a large infundibular process, a non-closure of the funicular process, and increased intra-abdominal pressure are not all the main causes of hernia. In order to verify what I have said, let any surgeon raise a semilunar flap of skin, fat and both layers at superficial fascia, slit up the aponeurosis of the external oblique and carefully measure the origin of the internal oblique muscle from Poupart's ligament, and he will find that its origin is deficient more or less in almost all cases of oblique inguinal hernia. In some instances the muscle has no attachment at all to Poupart's ligament, therefore the hernial protrusion has a sausage-shaped appearance, and bulges the skin, nearly the entire length of Poupart's band. In a normal inguinal region the internal oblique muscle comes down and completely covers and ably protects the internal ring. Let us not forget that this muscle is the only muscular structure in this region, and is also the most powerful.

If it is not in its proper position, how can it protect the internal ring during active intra-abdominal pressure, as in lifting, jumping, etc.?

Remove the sac, suture the internal oblique to the inner aspect of Poupart's ligament, down two-thirds of its length at least, and at the same time pick up the slack in the transversalis fascia with the same sutures, thus fitting it around the root of the cord, so as to make a new internal ring. Now sew the aponeurosis of the external oblique, coapt the skin, and the operation is completed. The cord is not disturbed, nor the testicle endangered. The results are better than by any other method, and this statement can be supported by the reports of several operators in over a thousand cases in all.

The history of abdominal surgery reads like a novel. Injuries and diseases of the structures and organs, within and near this cavity, furnish abundant material for several specialties. There is the special abdominal surgeon, who incidentally repairs the perineum, the gastrologist and enterologist, the gynaecologist, proctologist, a genito-urinary specialist, and others, but the general surgeon claims all, and may be looked upon as a balance wheel in this line of work.

The liver, the largest organ in the body, on account of its friable, vascular structure, and its bile-secreting function, was dreaded by the surgeon till of recent years. It may be reached through the abdominal or thoracic walls, and hepatotomy performed for abscess, hydatid cysts, or cholemia. We do not hesitate to remove benign and malignant tumors from it, when not too extensive. The mortality from partial hepatectomy is not more than 12 per cent. The bleeding is not difficult