and further outwards the internal oblique. The third layer is made by stitching the external oblique (which has been slit up a quarter of an inch above the ring) to Pouparts ligament. Upon this layer the cord is placed, and over it is stitched the aponeurosis of the external oblique which is attached to the Pouparts ligament, and stitched to the muscle above the ring, thus placing three layers below the cord. (1) the cremaster to the transversalis. (2) the sheath, or part of the rectus muscle, the conjoined tendon and further outward the internal oblique

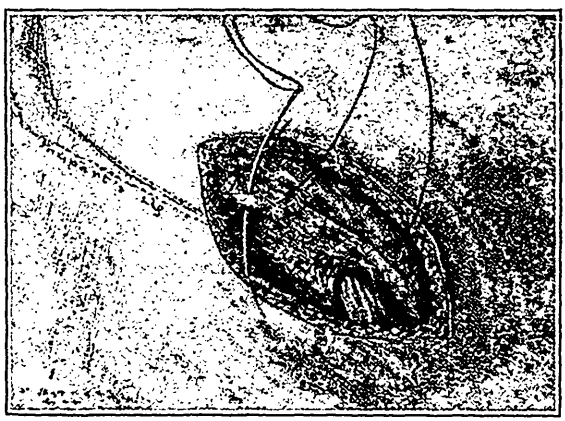

FIG. 3. Method of overlapping the aponeurosis of the external oblique.

to the deep part of Pouparts ligament, and (3) the upper section of the aponeurosis of the external oblique to the more superficial part of Pouparts, and above the cord one layer, that part of the aponeurosis of the external oblique which is attached below the Pouparts is stitched over the cord as high as possible to its own muscle. Always know where the point of your needle is in operating for hernia. The illustrations are from Dr. Judd's article.

ULCER, GASTRIC AND DUODENAL.

Sixty per cent. of all ulcers are in the duodenum. Sixty-one per cent. of all gastric ulcers are in the male. Seventy-seven per cent. of duodenal ulcers are in the male. Ninety per cent. of gastric ulcers are found in the pyloric region. They are usually single, but may produce a contact ulcer upon the opposite mucous surface.

Hyperacidity is an influential factor in the production of symptoms, the pain flatulence and vomiting are in proportion to the acidity. Not so much the degree of acidity as the amount of the acid secretion—hypersecretion rather than hyperacidity. Little or no value is given to