It requires a long time for its performance, as well as a number of skilled assistants, and therefore should only be done in a well-appointed hospital. With our modern technic and dexterity in operating, the mortality has been reduced to a minimum, and the percentage of failures is practically nil. The description of the operation and the plates I am taking from an article by Dr. William J. Mayo, published in the July 25th, 1903, journal of the American Medical Association.

First. Transverse eliptical incisions are made surrounding the umbilicus and hernia. This is deepened to the base of the hernial protrusion.

Second. The surfaces of the aponeurotic structures are carefully cleaned two and a half to three inches in all directions, from the neck of the sac.

Third. The fibrous and peritoneal coverings of the hernia are divided in a circular manner at the neck, exposing its contents. If intestinal viscera are present, the adhesions are separated and restitution made. The contained omentum is ligated and removed with the entire sac of the hernia, and without tedious dissection of the adherent portion of omenta.

Fourth. An incision is made through the aponeurotic and peritoneal structures of the ring, extending one inch or less transversely to each side, and the peritoneum is separated from the under surface of the upper of the two flaps thus formed.

Fifth. Beginning from two to two and one-half inches above the margin of the upper flap, three to four mattress sutures of silk or other permanent material are introduced, the loop firmly grasping the upper margin of the lower flap; sufficient traction is made on these sutures to make peritoneal approximation with running suture of catgut. The mattress sutures are then drawn into position, sliding the entire lower flap into the pocket previously formed between the aponeurosis and the peritoneum above.

Sixth. The free margin of the upper flap is fixed by catgut sutures to the surface of the aponeurosis below, and the superficial incision closed in the usual manner.

In the larger herniæ the incision through the fibrous coverings of the sac may be made somewhat above the base, thereby increasing the amount of tissue to be used in the overlapping process.

In my eleven cases, four were suffering from strangulation and had been vomiting from twenty-four to thirty-six hours previous to operation. Only one died, and she on the fifth day, of pneumonia and toxemia. She was referred to me by Dr. Smith of Angola. She was sixty-four years of age; mother of three children, and a large, stout, fleshy woman, with a strangulated hernia about the size of the closed