mid-line below the ensiform cartilage the peritoneum is opened, a bunch of omentum is picked up, drawn out, and tucked under the skin, and stitched in place with a few catgut stitches. The incision in the abdomen is carefully sewed around the base of the omental mass, sufficient to close the abdomen, yet avoiding any constriction of the omental tissue itself. The abdomen is carefully closed in layers, as is now the custom. The operator, as he sees fit, may do a one-sided operation, or he may pick up a second bunch of the omentum and stitch it in on the opposite side, should he think it necessary to increase the area of transplantation. According to Narath, the sub-cutaneous veins become prominent in a week, and the relief to the obstructed portal circulation is at once apparent. He reports no case of hernia, and writes enthusiastically of his method."

The rationale of the operation, of course, hinges on the estalishment of collateral circulation between the portal and systemic (superficial) veins.

At this point Dr. Corson takes up a discussion of this collateral circulation, quoting largely from a paper by Dr. Rolfe Floyd on "The Anatomy of Portal Anastomosis," a detail into which we need not enter.

Dr. Corson reports but one case of Narath's operation, which, however, shows a most satisfactory result. The patient, a man of 43, has a good family history, but a personal history of having had typhoid, dysentery, malaria, yellow fever, and syphilis. Patient has also had gonorrhoea several times. Has used intoxicating liquors in moderation for part of his life, and also to excess during a later part of his life. On first seeing him, patient had pronounced ascites, face drawn and characteristic; was thin and somewhat jaundiced; the urine showed a trace of albumen. Patient was first tapped and two gallons of fluid withdrawn, but ascites rapidly returned. Patient then operated upon under general anaesthesia. Through a median incision the liver was palpated, and found to be in an advanced stage of cirrhosis. A bunch of omentum was tucked under the skin on right side, spreading it out as much as possible. There was no reaction from the operation. At the end of a week there was a distinct increase in the size of the abdominal veins. The abdomen, however, filled up rapidly again, and about one month after the first operation, a second was performed, when a bunch of omentum was tucked under the skin on the left side, just below the first omental graft. After this second operation the patient almost immediately expressed himself as feeling better. Though there was an evidence of re-accumulation