This double suturing leaves a double amount of dead material in the incision, an obvious disadvantage.

I now employ a modification of the mattress suture to approximate the muscles, and this suture leaves nothing to be desired. It is placed parallel to the fibres of the external oblique, instead of at right angles, as is the ordinary mattress suture. In closing a small incision, it is inserted through the inner edge of the external oblique aponeurosis, about half-an-inch above the lower end of the separation. The lower margins of the internal oblique and of the transversalis muscles are drawn up to normal position. The suture is

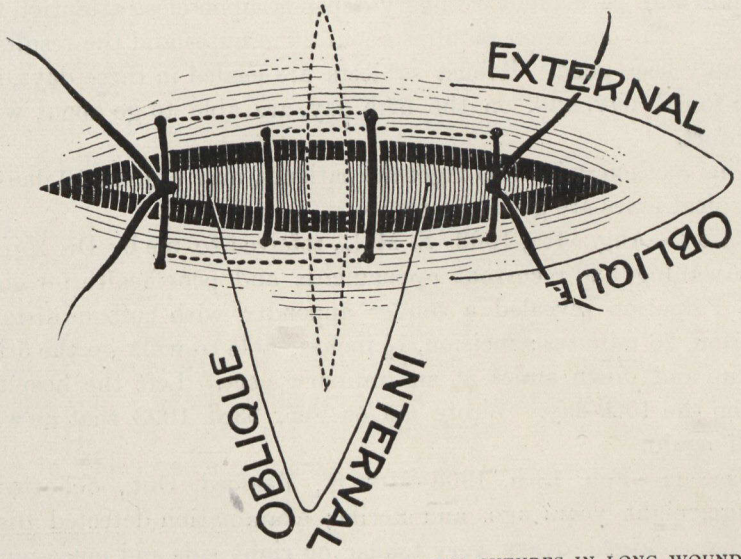

FIGURE SHOWING THE METHOD OF USING TWO SUTURES IN LONG WOUNDS

passed through them, carried along on the peritoneum and put through the same muscles from within outward, appearing upon the inner edge of the external oblique incision, half-an-inch below the upper end of the separation. Then it is carried across to the outer edge of the separation of this muscle and passed through the same structures in reversed order, from above downward, finally appearing on the outer margin of the external oblique, opposite the starting point. When this suture is tied, all the muscles are in normal apposition, so that it is difficult to discern the lines of division.

This *longitudinal mattress suture* crosses over and holds down the edges of the incision, not requiring to be reinforced by interrupted ones placed in the intervals. If the incision is longer, two of these sutures