Before taking it up, let me pass briefly in review some of the objections to the methods in common use.

The *en masse*, or through and through suture.

This, the oldest and most used method, often fails to secure the all-important fascial coaptation, it does not admit of accurate overlapping of this layer, the tension which is just right for certain tissues within its grasp is much too great for others, and it favors infection by the omni-present skin cocci, even when material without capillarity is employed. From the standpoints both of theory and of experience, it must be condemned, since the union obtained by its means is neither strong nor permanent. On account of its inherent defects, we may well restrict its use to cases in which the utmost speed is essential, or to those in which drainage prevents the complete closing of the wound.

The "en etage," or tier suture of absorbable material, gives us results ideal—or disastrous. It is not dependable. Only when all conditions are bacteriologically perfect, are uniform results secured. As we have to do surgery *here* and *now*, distrust in this plan is more than justifiable.

The catgut, or split tendon, may be sterile, but it does not remain so. In one great German clinic 18 per cent. of all cases when it was used became infected. More than one-third out of a long series of cases reported upon by Dr. Graves, of Grand Rapids, showed suppurative action at some stage. Many house surgeons attached to leading operators in our larger hospitals have reported to me forty to fifty per cent. of infections. If catgut too large, or too much catgut of any size, be used, the result is alike bad. When, to guard against this, we use only fine catgut, and that sparingly, the intermittent strain of vomiting, coughing, or laughing, or the constant strain resulting from distention will cause the strands to give way, and fascial non-union, or something worse, will result. It does not bind together the various layers, and so dead spaces are left, and nature, abhorring a vacuum, fills them with hæmatomata, which, when unabsorbed, form culture media for infected catgut.

The buried non-absorbable suture seems to me to have disadvantages far outweighing the good to be expected from it. My experience with it has been limited to silver wire used after the Johns Hopkins method. Dr. Robb stated recently that he had only needed to remove buried wire in four cases out of four hundred. That other surgeons have had equally favorable results may well be doubted.

Silk worm gut I have never tried and buried, nor shall I do so while reason holds sway. With its bristling knots it seems too much like the barbed wire fencing to be trusted in human tissue. How anyone with the surgical acumen of Edebohl came to suggest it, I cannot comprehend, and that it is now practically abandoned need occasion no surprise.