a *linea semi-lunaris*, because of the slight vascularty of these parts. Now, for precisely the same reasons, we avoid them, since tissues ill supplied with blood have little reparative energy.

We have come to recognize, also, that muscles may be split or displaced almost always, a real necessity for their transverse division arising very infrequently.

The results of splitting the rectus and separating its fibers laterally have seemed to me better than those following the displacement of the entire muscle to the inner or outer side.

When these precautions are taken, but three structures need to be accurately secured in apposition. These are the peritoneum, the fascial layers, and the skin. Muscles drop back into place, while the fatty layers can be held together by means less risky than suturing.

Dr. Gurdon Buck, an honored teacher, once said in my hearing that no single factor in the method known by his name for treating fractures of the middle portion of the shaft of the femur was original with himself. He had taken the weight and pulley from Hildanus, and the adhesive plaster strips for extension from Van Ingen, and the elevation of the foot of the bed from Crosby, and the long outside splint from Liston, and the eversion bar from Hamilton. But he so combined these various elements as to give us an apparel which for a third of a century has been recognized the world over as capable of best fulfilling all the indications present in the treatment of such injuries.

Can we not, in similar manner, by combining the good qualities of various methods, and eliminating their doubtful features, reach a perfect way?

All roads, we are told, lead to Rome. The skill of an operator may enable him to win success by methods far from ideal. Still, there must be a best road—an Appian Way—along which, when we find it, the feet of new generations of surgeons shall pass in comfort and in safety. What we seem to need is a plan by which all the advantages of the tier method are secured without its risks, by which dead spaces are obliterated, by which each divided tissue is separately held in apposition with just the right degree of tension, and by which all foreign material may be removed when the purpose of its introduction has been fulfilled.

If, in an attempt to meet these various indications, I suggest a combination method, I may be met at once with the theoretical objection that it is undesirably complicated.

Trained in the school of Erichsen to seek always for simplicity with efficiency in surgical work, I hope to be able to demonstrate that the method I use and describe is not at all difficult of application, and that in results it pays liberally for the time which its employment demands.