In conclusion may I be permitted to quote the words applied by Sir. Joshua Reynolds to another branch of artistic work: "The artist who has his mind filled with ideas and his hand made expert by practice, works with ease and readiness."

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Discussion.

Dr. S. M. Hay said: An imperfect method perfectly performed may give better results than an ideal method poorly done. In other words, the success of closure depends more upon the man than the method.

In *making* the incision we should separate and not cut across muscle fibres. If muscle and nerves are divided we may have as a result atrophy of muscle which causes a hernia that cannot be repaired. In closing wounds near or above the umbilicus we should include the posterior sheath of the muscle in the suture which closes the peritoneum. In closing by combined methods, through and through and layer methods, the former should include all structures down to the peritoneum. The latter structure should always be closed separately. If the through and through silk-worm gut pass through all structures, including the peritoneum, and lie untied till the layers are closed separately, and then tied, we run great risk of catching in the abdominal loop of the silk-worm gut when tying them, some omentum or even a piece of intestine.

The old through and through method frequently fails by being improperly performed. Some go down in the median line, through the linea alba, the sheath of one rectus muscle will be well opened while the other muscle is completely hidden by its enclosing sheath. This latter is not opened before closure, so muscle comes in contact with sheath and thus failure follows.

The great secret of success in closing an abdominal incision is that homogeneous structures must meet. We cannot expect skin to unite to fat, fat to fascia, fascia to peritoneum, but like structures must come together.

Dr. F. N. G. Starr said he thought that Dr. Powell's paper was on the "closure of the wound in abdominal section," and not on the method of making the section.

The incision that requires drainage is the very one for the longitudinal buried silk-worm gut, leaving a space at one end for the drainage. Then as to security from stitch-hole abscess, no method of suture will overcome defects in the preparation of the patient or of the surgeon's hands. If one does get suppuration with "exasperating frequency" he should not blame the method or the material used.

It is most important in closing the wound to obliterate all dead space, and such may be done and was done in the method of longitudinal suture