

the operator to secure the pedicle of an ovarian tumour with equal facility on either side. Operation was mostly required for disease in the lower abdomen or pelvis, and not for acute conditions, or for diseases of the stomach, gall-bladder, or appendix.

2. The wall was at its thinnest in this line; therefore it took little time to get through it, and a comparatively short time to close it when the surgeon had finished.

3. There was hardly any hæmorrhage to embarrass the operator, and in the days when Spencer Well's artery forceps were unknown this was of great importance.

Once it appeared to be the aim of an operator to extract an ovarian tumour from the abdomen through an incision as minute as possible. In a short correspondence in the *Lancet* on this question I ventured to protest against the principle of such an incision. The immediate danger of suppuration was considerable, and fear of peritonitis great, in those days. Experience had not shown the danger of subsequent yielding of the scar. The dislike of making a large opening only departed when our methods of wound treatment rendered any cut in the abdominal wall made by a surgeon practically safe. The injury inflicted on the edges of a small wound by the surgeon's hands and retractors increased the danger of the suppuration which it was intended to minimise, whilst it limited the area which it was possible to adequately explore.

We have for a long time reached a stage when we not only plan a particular operation but try to do it in such a manner that the abdominal wall at the site selected for the necessary incision shall afterwards be as strong as it was before the operation was commenced. We want, in other words, an incision which will give adequate access to the disease but leave behind no weakness which can give uneasiness in the future. An accurate knowledge of the anatomical structure of the abdominal wall is therefore of the utmost importance. You must appreciate the peculiar arrangement of the rectus muscle as regards its sheath, also the extent of the wall which this muscle covers. The part which the lateral muscles play in rendering the abdomen secure must also be remembered, for neglect to do so may lead to trouble, in consequence of a badly-planned incision.