The goals of wound closure are: uniform apposition, wound strength, and patient comfort. Implicit is the importance of minimizing postoperative astigmatism. One cannot speak about suturing technique without alluding to the marked variations in size and configuration of incisions employed for intracapsular cataract extraction. (In the presentation of this paper I will show twelve incision-and-closure techniques and will illustrate in more detail the one I have used most often.) The method of suturing depends to some extent on the size and configuration of the incision. In regard to wound size, recall that a 160° incision in clear cornea constitutes a significantly smaller orifice for lens extraction than a 160° incision at the posterior limbus. (Paton, 1978) Some surgeons prefer corneal incisions with either vertical or shelved entry into the anterior chamber. Other surgeons make a 180° incision with a Graefe knife; others routinely employ a step or half-lap incision at the posterior limbus under a limbus-based flap. The latter has been my own preference (Paton, 1971) until recently when I have begun using the clear corneal single-plane incision at an angle that I understand is advocated by J. Charleux in France.

**Needles** The photomicrographs (Fig's 1 and 2) demonstrate engineering devices employed by leading needle manufacturers in the United States.* I do not intend a discussion of their comparative attributes, but I am sure that many of you who have used these needles have preferences regarding needle choice. Ophthalmologists tend to speak more about sutures than needles, but it is predictable that we will soon become conversant with such needle specifications as thickness, chord, length, radius and so on. The most significant of their differences is the contour of the needle tips. The “spatula needle” (marketed under various names) has been one of the best additions to ophthalmic surgery since the advent of the reverse cutting needle. One can only guess what the needle engineers will have to offer us in the years ahead. Looking at these illustrations it is tempting to compare the needle to the hull of a boat and to comment that needle selection just might

* The photomicrographs of Figures 1 through 4 have been prepared by Frank Kretzer, Ph.D., and Charlotte Levy, The Cullen Eye Institute.
Fig. 1. Scanning electron photomicrographs of currently popular needles. Catalog numbers, manufacturers and magnification are indicated.