seen intestinal perforation follow the enucleation of a pus tube, but the opening was not produced by the drainage tube. If general peritoneal infection is present in any great degree, the drainage tube can do no harm, as it will not increase this infection, *and it will not save life*, as it cannot relieve the condition. Forty or fifty drainage tubes would be required for this latter purpose, and even then we would perhaps omit two or three more than should be used, and, as a consequence, the case would terminate fatally.

Having gone through the different stages of uncertainty mentioned in the first part of this article, I fail to see how it is possible to do away with drainage. I am satisfied that my results were better with drainage than without, and that the convalescence was shortened. It has one great objection, namely, the development of a hernia through the drainage tube track subsequent to recovery. Herniæ will occasionally follow abdominal operations in which no drainage tube has been used.

As a detector of hæmorrhage a drainage tube should not be left *in situ* for longer than a few hours. If required for other purposes, it should be used for two or three days, or for a longer period. When required for a longer period than forty-eight hours, I leave it *in situ* for five or six days, and replace it by a small rubber tube, to prevent the collection of infected material at the bottom of the drainage-tube track. In this way the convalescence is materially aided. Unless this is done, we are liable to permit a collection of fluid that may rapidly become purulent, and discharge up through the track or down through the vagina or rectum. If the sinus is allowed to heal slowly from the bottom, this does not occur.

To sound the feelings of different operators on this subject, I wrote to several and asked for their opinions. The following are a few of the answers received:

Dr. Joseph Eastman, of Indianapolis, says regarding drainage after suprapubic hysterectomy in a pamphlet sent me: "A drainage tube enables us to pour quantities of hot water into the peritoneal cavity to warm up the intestines, which are often beginning to be distended with gas from exposure to the air. We are assured that the water will be freely discharged though the large drainage tube. I believe it is almost criminal to publish to the world that drainage can be dispensed with in suprapubic hysterectomy. While it may be dispensed with when the abdomen is only open for a short time, someone else, with less experience, leaves the chilly bowels, following a tedious operation, without being warmed up by the washout. Serum is poured out into the peritoneal cavity, the chilled peritoneal surface is not able to absorb it, and serious consequences ensue. This, I believe, to be a vital point. Any operation which uses up the strength of an operator has a probability of having a similar effect upon the patient.