I have not drained since, except in the case of 1,465, when the patient was practically dying from the effects of the hydrochloric acid that had been escaping from a large perforation in the stomach for hours before I saw him, and the operation was only undertaken at his request. Even in the case, No. 1,443 (ruptured pus tube), no drainage of any kind was used and the wounds were completely closed. Very soon after a drainage tube is placed, adhesions take place, the main peritoneal sac is shut off, and we are accomplishing nothing, except the possible contamination of a small quantity of fluid at the end of a small pouch. Drainage should be resorted to if we are unable to close off the original source of infection, but if that has once been accomplished no drains should be left and the wounds should be closed. Such wounds often begin to open by an ulceration of the sutures and a gaping of the skin; they may open even down to the intestines themselves, and when they do there is but little drainage of fluid; the peritoneal covering of the bowel looks dryish and red. This reopening of the wound shows the virulence of the poison that has been washed from below over the raw surface.

I am satisfied that the salt has a very beneficial effect. What I endeavor to do is to put the intestines, after they have been thoroughly washed, into a weak pickle. At the same time an effort should be made to load the blood with salt solution; this can be accomplished with submammary or subcutaneous normal saline, and of late it seems to have become fashionable to use the rectum and colon as a vehicle for carrying this material. I tried, with the assistance of others, intravenous injections of saline solution, but after one or two sudden deaths occurred we discarded this method. The blood and urine should be tested to determine whether there are any definite changes in the solid constituents. We have not had this done, as we have not a physiological chemist connected with our hospitals. The submammary injections should be carefully administered so as to prevent any necrosis of tissue; every precaution should be used to prevent sepsis after these injections. On certain occasions we have left the needles *in situ* with a clamp placed on the rubber tubing beyond the Y, so that the nurse could renew the solution from time to time as it disappeared from under the breasts into the circulation.

2. Earlier interference. Diffuse purulent peritonitis is now recognized more readily than it was a few years ago, and as a consequence the surgeon is called earlier, and owing to the education of the public, is allowed to do what is necessary