First. In cases in which a large number of adhesions have been separated, and from which there is a danger of oozing subsequent to operation, use the drainage tube.

Second. In cases in which the abdominal cavity has been flooded with pus, and it has been subsequently washed out, use the drainage tube

Third. In cases in which some of the viscera have been perforated and closed by suture, and from which a subsequent leakage may take place, use the trainage tube.

Fourth. In cases in which the peritoneal cavity is infected before operation, use the drainage tube.

Fifth. In cases in which there has been prolonged exposure of the intestines and peritoneum, and in which there is likely to be considerable serious oozing after the wound is closed, use the drainage tube.

Sixth. In all cases in which the abdominal cavity is washed out, use the drainage tube.

The operator now turns these over in his mind, and determines to stop the use of the drainage tube in many of the cases in which its use is supposed to be indicated. After the removal of a pus tube where the tube is enucleated from adhesions, or after the removal of an extra-uterine gestation where the peritoneal vessels are engorged, owing to the presence of pregnancy, and liable to ooze after the severance of adhesions, he closes the abdomen without drainage. A few cases may perhaps do well, but some cases will die, and he wonders if he could have saved them by using the drainage tube. The infection is late, the patient does well until the fifth or sixth day, and then shows signs of sapræmia, ushered in with abdominal tenderness, perhaps a chill, a rise of temperature and a rise of pulse. This happens when no drainage tube has been used to allow of the introduction of germs from the external air.

Why does it happen? Because more fluid collects than the peritoneum can deal with, and because the peritoneum has been, during the operative procedures, exposed to the air, been irritated and altered from the normal condition.

I am convinced that many of these cases that die without the use of the drainage tube would be saved by its use. This blood serum is readily infected, and the patient is in a safer condition when it is removed. It is a well-known fact that the rupture of an extra-uterine pregnancy, in which blood is poured out into the abdominal cavity, may produce a fatal peritonitis. In such cases there is no contamination of the cavity from without. Is this a septic peritonitis? If so, whence comes the sepsis? Does a non-septic peritonitis exist?

A great many arguments have been used against the use of the drainage tube. I have never seen it produce intestinal perforation. I have