In certain rare cases drainage may be unnecessary, and some have gone so far as to practise complete closure of the wound in cases in which the peritonitis is not very far advanced, and the septic contents of the cavity are not very toxic in character.

Amongst those who are in favor of primary closure of the wound are Bauer[18], Rotter[30], and Grant Andrew[31]. Hartmann and Blake[29] also report good results from it in cases operated upon at a very early stage. Bauer, who removes the pus either by flushing or mopping, uses the method almost exclusively in cases in which the pus is entirely free and encapsulation has not occurred. He states that in his experience it has the following advantages:

1. Intestinal peristalsis returns much more rapidly.

2. Attacks of vomiting are rare and soon cease altogether.

3. Convalescence is shortened, and the patient is therefore able to resume his occupation more quickly.

Rotter also has abandoned drainage, with the following exceptions:

1. Cases in which there is a bleeding point which cannot be arrested.

2. When there is loss of peritoneal substance.

3. When the peritoneum is purulent and necrotic.

4. When there are budding surfaces covered by granulations.

The operators mentioned above practise either flushing or mopping out of the exudation from the peritoneal cavity in cases in which drainage is not employed.

My own practice is to use a combination of cigarette drains and rubber tubes. When operating in a case of septic peritonitis due to appendicitis, I put a cigarette drain down to the site of the appendix, and then make a small suprapubic opening, and insert a split rubber tube, containing a small piece of iodoform gauze, into Douglas' pouch. In early cases I have frequently passed a cigarette drain down from the inguinal wound, along the side of the pelvis, and into Douglas' pouch, without making a second incision. This method is undoubtedly sufficient in many cases, and drainage introduced in this way should give less likelihood of troublesome adhesions.

(To be continued.)