

use of a drainage tube. He believes it is clear that the drainage tube will not always prevent this, although he is satisfied that it never produces the sepsis. Serum and pus may collect in other parts of the abdomen and be unable to reach the drainage tube ; in such cases the use of one drainage tube will not save the patient. The drainage tube will not prevent sepsis if the septic condition is inherent in the patient, or is due to the lack of aseptic surgery or nursing.

Dr. Mann, of Buffalo, considers that the drainage tube is essential in abdominal work, though he is opposed to its indiscriminate use. He uses a hard rubber syringe with a long nozzle for the purpose of emptying the tube. He cannot conceive how the iodoform gauze can be as effective as the sucker. He removes the tube as soon as the secretion becomes reduced in quantity and light in color. He has never seen any harm from taking it out too soon, though he thinks that once or twice he has left it in longer than it was needed. He feels satisfied that he has never seen infection from the drainage tube unless the infection was from the inside before the drainage tube was placed in cases in which pus escaped from an ovarian abscess or a pyosalpinx. In two cases he has seen trouble produced in this way, and the discharge from the drainage tube has been purulent almost from the first, although all the pyogenic membrane had been removed. He uses no antiseptic fluid in the tube, but the tube is kept in a sublimate solution, and the solution is carefully shaken off it before it is put into the tube. The tube he uses is the same as that used by Price. He uses catgut as a ligature instead of silk. He is satisfied that the iodoform gauze packing in the tube is not as good as the use of the sucker. Even with the drainage tube unpacked, in one or two cases he found it disappointing as a detector of hæmorrhage. No autopsy was made on these cases, so that it is only surmise that they died from hæmorrhage.

Dr. McMurtry, in a later communication, says : " I am a great believer in drainage of the cul-de-sac of Douglas after hysterectomy. The dreamers have made a great error in trying to do away with drainage. If properly carried out it does no harm and saves many lives."

The objections to the drainage tube seem greater from a theoretical than from a practical standpoint. The theorist says that the germ-laden air is drawn down through the glass tube into the abdomen, and that this germ-laden air deposits its poison on the peritoneal surface. But the other side of the question must be looked at, namely, that in the withdrawal of the fluid there is a current produced away from the body that will wash away many of these germs. If this fluid is allowed to collect, it may soon become, in spite of every precaution, septic ; but if frequently removed it does not become septic. The most dangerous cases are those in which ascitic fluid is present at the time of operation.