a much greater quantity of infective fluid can be evacuated from the peritoneal cavity by freely flushing through a liberal incision or incisions, than can possibly drain away through a tube, during the few hours it is becoming encapsuled?

You may say that the relief of tension is the primal object of the drain, but then that is obtained by the incision, as the fluid gushes out, and, besides, the dilution gained by the lavage and the retention of the salt solution minimize the risk to life, and with the Fowler position absorption is more gradual, thus permitting the excretory organs to carry away the toxins. Why not then give the patient, especially in a case where the endothelium is uninjured, the stimulation that occurs from free lavage of the peritoneal cavity, and leave within it a moderate quantity of salt solution, and close without a drain? By so doing our patient reaps great advantages should recovery follow, as a stronger scar is insured, with much less liability of a subsequent operation being required for the cure of a ventral hernia.

It seems to me that a drainage-tube is of use only until it becomes encapsuled, a few hours at best; that much greater tension can be relieved by incision and free lavage; that a greater quantity of pus can be removed by flushing than can possibly be carried away by a drain during the short time it takes to isolate it; and that the retention within the abdomen of the saline solution will very largely dilute the remaining micro-organisms, place the peritoneum in the most satisfactory conditions possible, and thus favor the elimination of toxins by the organs of excretion. For these reasons it would appear that it is perfectly justifiable to close the abdomen without a drain, unless it be one to the peritoneum, although I believe this is not essential, as if pus come from the wound it behaves as an ordinary stitch-hole abscess. Why are the results by drainage so discouraging, and why are the statistical reports not more uniform? Does the fault lie with the operator, in the method of treatment, or in the variableness of the virulence of the infection? In the cases of recovery, when a tube was used, the areas that were impossible to drain must have fought a successful fight, therefore it appears quite reasonable to infer that we can obtain a greater percentage of recoveries by free lavage, thus liberating the maximum of infective fluid, and closing without a tube, for if the undrained sections are capable of sustaining themselves when a tube has been used, surely the whole sac is equal to the occasion, after flushing until the return flow is clear and the abdomen securely closed. If we can obtain as good results from operative measures by this method as are secured by drainage alone, then this