second day or so, and frequently leaves a piece of rubber tubing in for some time after the removal of the glass tube. With proper care he cannot think that the drainage tube can be responsible for fatalities, and is satisfied that often it is indispensable for success. He is well aware that a sinus frequently remains for a time as a consequence of its use, and that it tends to favor the development of herniæ. He finds that the perforations in the tubes are sources of annoyance, owing to the tendency the omentum has to become caught in them. He considers that the drainage tube may be removed too soon if the wound is already septic, and that this removal may take away the only chance the patient has of recovery, so that the want of the tube rather than its use may be a possible cause of death.

Dr. Manton, of Detroit, finds himself using the drainage tube more than ever; he feels safer by so doing. He uses the drainage tube recommended by Price, as he believes the ordinary Keith tube too large. He leaves the tube in from one to four days, according to the character of the fluid removed. He has never seen any harm from leaving the tube in; has never had a perforation of the bowel, nor a fistulous opening remaining in the abdominal wall. For emptying the tube, he uses a two-ounce syringe and a piece of rubber tubing. He used Tait's bulb sucker for a time, but was never satisfied with the power of suction of the instrument. Lately he has used an ordinary uterine syringe. He believes in the frequent emptying of the tube during the first few hours. He is not a believer in gauze for the purpose of drainage, and would not trust gauze in the tube when there is hæmorrhage. He is satisfied he has never had a case of infection from leaving the tube in for several days; he does not believe that such a thing is possible if proper precautions are taken. He covers the drainage tube with a sponge, and leaves the sucker in a carbolic lotion after each time that it is used. In some cases he uses an iodoform form gauze pad over the drainage tube. After the tube is removed he uses a pad of iodoform gauze, and tucks this over the opening at the lower angle of the wound. Occasionally he has seen the skin become irritated around the drainage-tube opening, but this has never resulted in any injury to the patient. In such cases a little peroxide of hydrogen is used, the surface is then dried, and salol applied liberally. He considers that the use of gauze in the drainage tube is an unnecessary fad.

Dr. Carstens, of Detroit, is opposed to the packing of the tube with iodoform gauze. He considers that this capillary drainage does not remove the septic germs, but removes only the watery part of the liquid exudate which contains few germs. The gauze also conceals hæmorrhage. He uses the drainage tube closed at the lower end, feeling that there is some danger of drawing the intestines up into the tube during the use of any suction apparatus. He has had cases die from sepsis even after the