Dr. Robert T. Morris, of New York, says: "I do not use glass or rubber drainage tubes in the abdominal cavity for the reason that sloughing of the bowel is a well-known result, excepting in cases where the expert surgeon can give the tube his personal attention, and for the reason that the hydrostatic pressure of a column of fluid in the tube would prevent perfect removal of the fluid from the cavity. If a strip of gauze is used with the tube, the latter difficulty is avoided, of course; but I accomplish more with my wick, described in the Transactions of the American Medical Association for 1891. This wick acts by capillarity like the drain, but it is surrounded by gutta-percha tissue which prevents adherence of bowel. This wick adjusts itself to curves, and is so soft that it does not cause necrosis of bowel, so far as my experience goes. I use plain sterilized gauze instead of iodoform gauze, because the latter does not absorb in such a lively way as the former. After an operation I leave the wick in place until the abundant secretions of peritoneal fluid suddenly diminish in amount, usually at the end of about thirty hours, and then, if the case is a septic one, I carry a narrow single strip of gutta-percha tissue into the place from which the wick was removed. Peroxide of hydrogen in full strength I frequently inject once or twice daily in septic cases, and withdraw the gutta-percha strip an inch or so daily.

Dr. Montgomery says: "I have not been using the glass drainage tube for the last two or three years, using the iodoform gauze or Miculicz drain in place of it. In hospital work, in crowded wards where much attention has to be given to the patients by resident physicians, this, I think, is the preferable plan of procedure, as the other drain must necessarily be an open avenue for the entrance of septic material, and it is difficult to keep a case from becoming infected."

Dr. Thomas Savage, of Birmingham, thinks that death after abdominal operations is due more to something that is personal to the operator and the details of the operation than to any other cause. He uses the drainage tube more frequently than it is used by most men, so as to be on the safe side. He is satisfied that he has seen cases do badly that he thinks would have been saved if drainage had been practised. He has never found harm to be directly attributable to drainage. He used the ordinary glass tube, open at the bottom and with holes in the sides. Sometimes he uses a tube without any holes at the side, to avoid the annoyance of extra trouble involved by omentum becoming caught in these lateral openings. He never uses tubes closed at the bottom. For the evacuation of the tube he uses a simple syringe with a piece of rubber tubing attached. He does not use iodoform gauze for draining the abdominal cavity. The average time that he leaves the tube in place is forty-eight hours. In some cases where there has been pus, or where he leaves the tube for several days (for perhaps eight or ten days), he changes it every