coils of large intestines. Then by placing the patient in the semi-sitting position, the exudates are induced to gravitate from the highly dangerous upper zone to the comparatively harmless pelvic region. It has been argued as against drainage in these cases (1) that it is impossible to drain all the natural pouches of the peritoneal cavity; (2) that the drain is isolated by inflammatory adhesions in a comparatively few hours and then ceases to act, and (3) that the pressure of a drainage tube on the small intestines tends to produce obstruction.

In answer to these objections it may be stated that the whole peritoneal cavity may be more or less effectually drained by placing the patient in the semi-sitting position when all exudates necessarily gravitate to the lowest point, whence they are removed by the tube. As for the second objecton, it is true that the drain is shut off from surrounding localities after a comparatively short time but it is just that short time which appears to be all-important. As the exudate is being carried away it is as rapidly replaced by healthy serum bringing to the scene a great body of phagocytes urgently needed to surround and destroy the enemy. In this way a localized encapsuled abscess is formed which does not endanger the life of the patient. In answer to the third objection, if the precautions, already mentioned, have been taken, the drainage tube will never come in contact with the small intestines at all.

The patient having returned to bed, is placed in the Fowler position and a *continuous stream of normal saline* is administered, per rectum. By this means the functional activity of the kidneys is stimulated and the elimination of toxic material greatly increased; and what is perhaps more important, the lymphatic current in the intestinal wall is reversed. That is, instead of the lymphatics carrying more and more bacilli from the infected contents of the bowel to reinforce the invading host in the peritoneal cavity, in obedience to a simple law of physics, there is a reversal of the current in the intestinal lymphatics which are thus made to act as