them. The interference with the diaphragmatic zone is another theoretical bugbear. I always pass a large blunt ovariotomy trocar behind the liver and behind the spleen without the ill consequences that theoretically should ensue. It is a well-known fact that any handling in this area, even in a healthy patient, is accompanied by a certain amount of shock, not due, however, to any excessive absorption through the lymphatics of the diaphragm, but to the irritation produced n the neighborhood of an enormous nerve-plexus. And why should drainage be instituted? What more can be accomplished with it than without it? Do drains drain? When drainage-tubes are placed or gauze packings used, adhesions soon form and the main peritoneal cavity is shut off. Little else is accomplished except the possible contamination of a small quantity of fluid at the end of a very small pouch. There is a great difference between the pleural cavity and the peritoneal cavity. In the pleural cavity the movements of the box of the chest have a tendency to empty it with each full inspiration, and drainage is easily effected by the removal of a portion of a rib. In the abdominal cavity matters are different and, on account of the complex arrangement, it is impossible to institute thorough drainage. I am satisfied that neither the pelvic drainage, loin drainage nor posthepatic nor postsplenic drainage, with or without Fowler's position or any other position, will drain the peritoneal cavity. Fluid will collect among the intestinal coils, and all that we can do as surgeons is to wash it out, replace it by a somewhat antiseptic, nonirritating sterile solution in the hope that the poison will be so much diluted that the phagocytes will be able to deal with it. The phagocytes are the corporal guards posted at all the outlying stations, and in the omentum they seem to bunch up at the lymphatic stream-junctions until the clusters can be discerned with the naked eye. The omentum plays a most important rôle; it is the sluice-gate of the peritoneum, and that it performs a very important function can be judged from the great changes that take place at a very early period in the omentum in cases of acute general septic peritonitis. I am afraid that it would take more than hot saline rectal injections to divert the upward flow of the omental lymph stream. That an immunity or phagocytosis is established and that large quantities of septically infected fluid become sterile must have been impressed on all operators of experience in this branch of surgery. It frequently happens that large collections of fluid are met with in one or other of the