

bandage, the only kind that will fit snugly and not roll up out of shape and place as does a broad napkin. The many-tailed bandage ought to have its slips scarcely four inches broad, and so laid on each other that the centre one opposite the navel will be the first one lapped on, and the next one above and below to shingle over each other alternately, to reach as high as the ribs and as low as the pubis; the last slip to be passed under the nates, come over the groins up in front of the abdomen, there to be pinned, or tacked with stitches, to those that already encircle the belly.

SUBSEQUENT TREATMENT.—The operation is now finished; the patient in her bed, and soon out of chloroform, is to take three grains of solid opium (no morphine or other fancy preparation). After this she will probably sleep six or eight hours. After that period some slight pain will return, and is to be met with another dose of one or two grains more. It may be necessary to repeat the opium in two grain doses for a few days, morning and evening; but the larger dose should be given in the evening, as that is both the time of exacerbation and the natural period of repose when opium acts most kindly. It is better to give one adequate dose that will last several hours, than tease the system with repeated small doses. After a full dose the system may be allowed time to recover from its unnatural state—the effect of opium; but, never give more, nor oftener than there be real need for, indicated by pain. Where there is pain there is irritation, and where there is irritation, inflammation is likely to be set up—*ubi dolor, ibi fluxus est*.

There is no occasion to move the bowels—a routine practice, injurious after an operation that requires the greatest repose of the body and viscera—nothing interferes more with the recovery of the parts than acting on the bowels. The patient may well go five or six days without a motion, unless flatulency require an enema, or a small dose of castor oil to restore peristaltic action of the intestines; as the bowels were never full for a long time before the operation, and what little remained was removed by the enema, and nothing since accumulated within them during the low diet. But the diet must not be too low, the stomach must not be left empty, like a mill without grist to grind, therefore she must have a little bread and toast water, or tea, or both, according to her previous habit of living, for a few days.

The dressing need not be changed earlier than the fifth or six day, when some of the sutures may be removed, and the dressing carefully replaced.

In cases where there have been no adhesions, and the peritoneum remains natural, it will secrete as usual a small quantity of *liquor abdo-*