rarely fails to afford relief. Pituitary extract given subcutaneously often acts like a charm.

(9) **Purgatives.** Usually the rectum is washed out with a pint of soap and water every morning. It is rarely necessary or wise to give any aperient by the mouth until the evening of the third day, when pil. col. et hyos., gr. 4 to gr. 8, may be given, followed by a saline draught in the morning, and if necessary by an enema. In some cases 1 oz. of castor oil is given early in the morning, and followed by saline and an enema if necessary. This has the advantage of allowing the patient a comfortable night. Afterwards some mild aperient, such as cascara sagrada, infusion of senna pods, or liquid paraffin, is given if required. In many cases, especially acute abdominal conditions such as appendicitis with suppuration, or where peritonitis from whatever cause is feared, it is better not to give any aperient by the mouth within the first four days. It is not wise to increase peristalsis in these cases, for movements of the bowel tend to disseminate infective material. Generally the bowels act spontaneously on the third or fourth day, especially when the lower bowel is kept empty by the daily wash-out. The bowels are generally almost empty at the time of the operation and there is no advantage to be derived from giving purgatives in the first few days. In cases of peritonitis not only are purgatives often ineffective, but they also add greatly to the patient's discomfort, act as irritant poisons, and tend to increase paralytic distension. It is only an ancient superstition that recovery from peritonitis depends on free purgation. Calomel, even in small doses given repeatedly, is especially dangerous when it fails to act.

(10) **Dressing the Wound.** When the wound has been completely closed it is rarely necessary to disturb it for about ten days, although a tight bandage may need to be readjusted and excess of dressings may need removing. When the wound has been drained by a split tube with a wick of gauze the tube is not disturbed for at least four days, although the wick may be changed daily if necessary. There is no advantage in removing the tube too soon, for a re-collection may occur in the deeper parts of the wound. There is no need to remove the tube for boiling or cleansing. It is sufficient to wash the wound with peroxide of hydrogen or other weak antiseptic solution. Syringing is unnecessary, painful, and dangerous.

Complications. Most of these have already been mentioned, but it is well to consider some of them more fully.

(*a*) *Hæmatemesis.* This sometimes follows gastric operations when the sewing is at fault. Apart from this the vomit may be black from altered blood. This is a very grave sign and usually indicates an acute septicæmia with oozing of blood from the mucous membrane of the stomach and upper intestines. It also sometimes follows the use of purgatives which are retained in the bowel and act as powerful irritants. It is especially liable to follow calomel given in small doses repeatedly. Most of the patients who develop this symptom die. The best thing to do is to wash out the stomach repeatedly if the condition of the patient allows this. In some cases small doses of adrenalin chloride may be given by the mouth, and saline infusions into the axillæ or rectum are also given.

(*b*) *Peritonitis.* That this is a very rare complication at the present day is chiefly due to the careful precautions taken during operations to prevent leakage or contamination. We owe much to the careful and