lasting all nourishment, and from absence of sleep. Here rectal or intramuscular injections of saline and dextrose, and the use of morphine in suitable cases, will be efficacious. Morphine, however, often given after chloroform will sometimes cause sickness, and in a serious way. The patient recovers from the anæsthetic, without nausea or sickness, and seems extremely well for twelve or twenty-four hours, when severe vomiting comes on and is at times very troublesome.

Vomiting after spinal analgesia is not infrequently severe and prolonged, especially if much encephalalgia exists. Although it is sometimes severe in a few cases, the condition is transitory and amenable to treatment.

Stercoraceous Vomiting. A much more dangerous condition may arise in cases of intestinal obstruction. The contents of the stomach and intestines are regurgitated, rather than vomited by muscular effort, and usually the flow commences as soon as the muscular tonus of the cardiac and pyloric orifices becomes lessened by the anæsthetic. It occurs both when general anæsthesia and spinal analgesia are employed. Unless it is possible to prevent aspiration of the material into the air-passages, the prognosis is most unfavourable. Even gastric lavage is not a complete safeguard, although it should be used when practicable. As the back-pressure remains constant, when the stomach is emptied the intestinal contents still flow into it, so that the best method is to maintain a constant irrigation of the stomach, and have the shoulders and head of the patient kept high during the operation. The laryngeal reflex should be kept active. In very serious cases, intubation of the larynx with forced respiration, as obtains in intratracheal insufflation, or the method of a preliminary tracheotomy suggested by the present writer,[1] may be employed.

6. **Post-operative Effects.** It is unnecessary to dwell upon the immediate, and usually slight, after-effects of anæsthesia or analgesia. The more serious ones, i.e., those threatening life, which occur within forty-eight hours or so after the operation, are respiratory, circulatory, nervous, metabolic, and renal. These have all been dealt with in the preceding sections, but may be summarized in this place.

In persons previously affected by bronchitis, inhalation of unwarmed vapour of ether or chloroform may determine a recrudescence of the disease. It is most common with the former, partly because the vapour is more irritating, and partly because it lowers the body temperature from 0·5° to 3° F. during a prolonged inhalation. Bronchitis following chloroform is, as a rule, more severe, and associated with greater tissue destruction. Prolonged administration of nitrous oxide and oxygen in major surgery, unless the gases are warmed, may cause bronchial trouble, but it is an infrequent complication. It has been shown that when much bronchorrhœa is caused, the mucoid, mucous, and bronchial secretions are aspirated and enter the smaller bronchi, setting up irritation. Tight bandaging, by impeding