the operation, in order to prevent hypostatic pneumonia, and to facilitate drainage of the stomach by gravitation.

The greatest danger after operation comes from acute gastric dilatation, but this can be remedied readily by introducing the stomach tube. If gastric lavage is employed, it is, however, important not to introduce a sufficient amount of solution to do harm by pressure. Half a pint at a time is quite enough water to introduce. It is a rule with us to make use of gastric lavage, whenever any patient is distressed after an operation upon the stomach.

In three cases in which gastro-enterostomy had been performed for the relief of pyloric obstruction in my series of cases the progress was perfectly normal for 3, 5 and 8 days, when the patient suddenly began to suffer from dyspnea. This continued for 6 to 12 hours, when the patients died. In the first two, an autopsy was not permitted. In the third it demonstrated the fact that the patient had died as the result of acute gastric dilatation.

We had previously had a number of similar experiences less severe in character, in which the dyspnea had subsided at once upon the use of gastric lavage, but it had not occurred to us that the distress was really due to acute gastric dilatation.

One would think it almost impossible for this condition to escape recognition, but the presence of the dressing over the abdomen, and the fact that the distress is referred to the chest, is almost certain to lead one astray, unless one's attention has been directed especially to the possibility of the occurrence of this condition. We have since observed this acute gastric dilatation to a greater or less degree in a number of cases, and have always been able to obtain prompt relief by the use of the stomach tube. Aside from the gas one always finds decomposing mucus and usually some old blood.

It is well to bear this possible condition constantly in mind in the after-treatment of these cases.

Feeding.—These patients should be given one ounce of one of the various predigested foods in three ounces of normal salt solution as a nutritive enema every four hours.

After the third day some of these predigested foods may be diluted in water and given by mouth, but the rectal feeding should be continued.

Later, broths and thin gruels may be given, but milk should not be given until quite late, as it is rather more likely to decompose than these predigested foods.

The patients may be permitted to chew steak, and to swallow the juice within a week after the operation.