

operation such as the one just described, it is always well to get the patient in the Fowler position as soon as possible. This can usually be done in from three to four hours, the feeling of nausea from the anaesthetic having worn off by this time. This Fowler, or sitting, position is used for the purpose of facilitating drainage of the stomach. As a result of the gastric atony, which in a great many cases is present, there is liable to be an accumulation of secretions which supine position would cause to be retained, but which is readily drained by posturing the patient up in the sitting position.

As a general rule gastric operations are comparatively free from pain, though, if on the first night it should be present, no harm can be done by giving 1-6 to 1-4 grain of morphine by hypodermic injection. This injection, however, should not be repeated on succeeding nights except under exceptional conditions. Water in small quantities, an ounce at a time, may be given as soon as it is asked for, and as the first few hours after operation pass by it may be given in increasing quantities, as much as twenty-five or thirty ounces being taken in the first twenty-four hours. Should weak tea or albumin water be preferred, there is no reason why they should not be given.

For the first few days the patient will usually be satisfied with fluids such as tea, cocoa, broth, soups, etc., and as a rule will not ask for anything solid. These in the meantime may be given *ad lib.* In the course of five or six days the appetite for stronger nourishment commences to assert itself, and as soon as the desire is manifested no harm can be done by giving bread and butter, poached egg, fish, and in fact any kind of light diet.

A high simple or turpentine enema should invariably be given about twenty-four hours after operation, as it relieves the patient of much gas, and makes him feel quite comfortable. About the fourth or fifth day it is always well to thoroughly evacuate the bowels by a dose of calomel or castor oil. About the tenth day he is allowed to sit out of bed for a while, and each succeeding day for a longer period, until in ordinary cases he leaves the hospital in from two to two and a half weeks after his operation.

Such indeed is the usual post-operative routine in patients who have been submitted to gastro-enterostomy, but occasionally complications arise which produce the most alarming symptoms. In the early days of the operation serious post-operative complications accompanied the majority of cases, but as greater care is now being exercised in the selection of cases, and as the technic has of late years been improved to its present state of efficiency, the once-dreaded sequelae have now become the exception rather than the rule. Only two will be considered here—