

minim dose, will frequently settle the stomach completely. *Chlorotone* in ten grain doses sometimes acts well. *Counter irritation* to the stomach in the form of a weak mustard plaster will occasionally give very beneficial results. Probably the most reliable remedy in cases of obstinate nausea is *gastric lavage*, and in every case where vomiting continues beyond a few hours I would strongly recommend its use. The stomach should be thoroughly washed out with either a normal saline, or saturated boric acid solution. If much offensive material has already collected in the stomach, this lavage may have to be repeated two or three times, but the cases are few and far between where this will not give complete and permanent relief.

In all cases it is best to withhold all food by the mouth until such time as the stomach is thoroughly settled and there is no more evidence of nausea. Nutrient enemata are easily assimilated if the bowel is previously prepared by a cleansing enema, and if necessary be relied on exclusively for two or three days. A very good formula is the following:

One egg,
One half ounce of brandy,
Three ounces of peptonized milk,
A little table salt.

Thirst may be relieved by a pint of normal saline solution thrown high up into the bowel.

Acute suppression of urine. The one post-operative complication which is responsible for more lives than all others combined, is acute suppression of urine due to an acute nephritis suddenly supervening on an old chronic form. When this condition has once supervened, the patient's life is at once placed in the greatest jeopardy, and it will always require the greatest amount of judgment and skill on the part of the physician to give him at least a fighting chance for his life.