

lowed by 1 in 20 carbolic acid solution, after the patient is anesthetized. Especial care should be taken in cleansing the folds of the umbilicus.

The after treatment of most cases of abdominal operations is of a definitely routine character. Abdominal operations are always attended by more or less depression, varying in intensity according to the vitality of the patient, the loss of blood, and the length of the operation.

*Preparation of Bed.*—While the patient is still in the operating room, the bed has been prepared for her by placing a broad rubber sheet under the linen draw-sheet on which she lies, and a single blanket between the patient and the upper sheet, to be removed after the patient has reacted. The pillow is removed, and several hot water cans and bottles are laid down the middle. Instead of tucking the bed-coverings in all around, they should be folded back to the edge of the mattress on one side, in order to put the patient to bed with the least possible loss of heat and disturbance of covers.

*Care in Use of Hot Water Bottles.*—When put to bed, hot water bottles or cans are placed down the sides, at the feet, and under the arms, with a single blanket between them and the patient, where they remain until reaction sets in. They must be watched with extreme care on account of the danger of producing a serious burn, while the patient is unconscious. I regret to say that I have had personal experience of severe and painful burns, taking months to heal, and causing a great deal of suffering, due to a nurse's carelessness in putting hot water bottles close to an unconscious patient, with insufficient protection between them and the patient's skin. The room should be darkened, and the nurse should remain in charge, not leaving the patient alone for a minute, until the effect of the anesthetic has passed off.

Even after the effect of the anesthetic has passed off, the patient should be closely watched, because women have often been known to get out of bed, while only semi-conscious, either in eager desire to allay their thirst, or to find some morphine to relieve their pain. Dr. Kelly reports the case of an old Irish woman, upon whom he had performed an abdominal hysterectomy, getting out of bed immediately after, and walking through two rooms and over a brick pavement, into the yard. Another patient of his, a mulatto girl, who had an extensive suppurative peritonitis, persisted in getting out of bed and lying on the floor, never having slept in a bed in her life before. Both of these cases recovered, but they ran a very serious risk of losing their lives. Perfect quiet must be the rule throughout. Restraint must be exercised while the effect of the anesthetic is passing off, only to the extent