position of the patient should be changed as suggested by Moynihan, who recommends the prone position with elevation of the pelvis. This complication is fortunately a very rare one and can, I believe, be prevented by resorting to lavage early enough.

(5) **Food.** When nausea has ceased water is given by the mouth, at first in small quantities, but if it does not cause vomiting it is rapidly increased. After twelve to twenty-four hours equal parts of milk and water or barley-water are given in small feeds, such as one to two ounces every hour. In many cases weak tea is also given early and is often liked and retained when milk is not. After twenty-four hours milk thickened and flavoured in different ways, soup or beef-tea, and jelly are given ; also lemonade or orange or grape juice. On the third day thin bread and butter, milk puddings, and lightly boiled eggs are given, and on the fourth or fifth day more solid food in the form of fish, sweetbread, or chicken is given. All milk and food given in the early days after the operation should be sterilised. Occasionally vomiting and diarrhœa prevent the absorption of anything administered by the mouth or rectum. Saline infusions into the axillæ or thighs, given slowly and continuously or intermittently, usually suffice. In some cases sterilised olive oil or normal horse serum is given subcutaneously.

(6) **Pain.** For the relief of pain, aspirin, 10 grains by the mouth or 20 to 30 grains by the rectum, usually suffices. In some cases, however, when the pain is severe or the patient feeble and exhausted from want of sleep, a small dose such as $\frac{1}{6}$ or $\frac{1}{4}$ grain of morphine may be given in the evening. It is rarely wise to repeat the dose, for morphine paralyses unstriped muscle, increases flatulence, and tends to produce paralytic distension of the bowel.

(7) **Urine.** As a rule very little urine is secreted during the first twelve hours after an abdominal operation. The patient should be encouraged to empty the bladder at the end of twelve hours, and regularly every four hours after this. In this way paralytic distension of the bladder can be avoided. If there is any difficulty it is an advantage to turn the patient on his side and to apply hot fomentations or give an enema. If there has been no relief within twenty-four hours a boiled soft rubber catheter is passed with due aseptic precautions. Afterwards the patient should be encouraged to empty the bladder every four hours in order to avoid a repetition of the trouble. If necessary the catheter is passed every eight hours until the power of the bladder has returned. In some cases retention of urine is overlooked because the patient passes water in small quantities at short intervals. This means paralytic distension with overflow, and when a catheter is passed a large amount of urine may be found in the bladder. This condition may not develop until several days after the operation. For this reason it is of great importance to measure the urine for the first few days. The patient generally passes about one pint in the first twenty-four hours and afterwards should pass at least two pints every twenty-four hours.

(8) **Flatulence.** If there is much flatulence, this, when chiefly gastric, is often relieved by propping the patient well up and by occasionally giving a drop of peppermint oil on a small piece of bread by the mouth and immediately washing it down with water. Intestinal flatulence is often relieved by passing a rectal tube into the lower part of the rectum and leaving it there for some time. In extreme cases a turpentine enema (oil of turpentine 1 oz., mucilage of starch 15 oz.) is used and