

will sometimes be found beneficial. After a severe hemorrhage it is always well to bolster up the blood pressure by the infusion of from one to two pints of normal saline solution into the circulation. By this means the crisis is tided over in safety.

**Vomiting.** Simple post-operative vomiting, if not one of the most dangerous, is certainly one of the most distressing of symptoms. Although following to a more or less extent the administration of an anæsthetic at any time, it is only liable to become severe or persistent or excessive, when a patient has been under such influence for some considerable length of time. That the nausea is due directly to the narcosis, and not to the operation itself, is shown by the fact that it is present in as high a percentage of cases where anæsthesia is produced for the purpose of making a complete physical examination, as where some definite operation has been performed. The element of personal idiosyncrasy enters largely into each individual case. Where one person may be able to endure complete narcosis for a lengthened period without inducing the slightest gastric disturbance, the next, as the result of only the slightest degree of anæsthesia, may be the victim of excessive vomiting.

The condition of complete narcosis is produced in no small degree by the presence in the blood of certain toxic substances. In the majority of patients these are thrown off completely by the lungs, kidneys and skin, but in others the gastro-intestinal tract becomes an important eliminative channel, hence producing nausea to a greater or lesser degree.

*Treatment.* As a prophylactic, a hypodermic of morphia gr.  $\frac{1}{4}$  and atropine gr.  $\frac{1}{100}$ , given about an hour before operation, will sometimes be the means of avoiding a troublesome nausea afterwards. With this object in view some surgeons use it as a routine treatment. My own