days. In some cases when the abdominal wall is lax and there is thought to be a risk of ventral hernia it is an advantage to overlap the aponeurosis after Noble's method.

When drainage has to be adopted a slit rubber tube of half to one inch internal diameter and containing a wick of gauze is used. The gauze can be changed from day to day, and the tube removed after several days without hurting the patient. A tube is far more efficient and less painful than gauze, which adheres to the edges of the wound, and often acts as a plug instead of a drain. If gauze is used it should be left for five or six days, when it gets loose and can be removed without much pain or hæmorrhage. The remainder of the wound is closed in layers in the usual way.

AFTER-TREATMENT

Much of the increasing success of abdominal operations depends upon careful after-treatment. It is a common mistake to interfere too much, for it is sometimes difficult to know when to leave well alone; but on the other hand treatment for some of the complications to be mentioned below has to be prompt to save life. Usually there is very little to be done beyond careful nursing, attention to the diet, and general comfort of the patient. The difficulty lies in knowing quickly when things are going wrong. As far as possible complications should be prevented by care and untiring attention to detail before, during, and after operation.

FIG. 10. The oblique or sitting-up position. The headpiece moves to any angle as it slips up and down the pillars at the head of the bed. The position is easily altered with the straps and buckles attached to the bolster under the thighs.

(1) **Posture.** When returned to bed the patient has only one small pillow under his head and is rolled slightly to one side, with another pillow behind the shoulders. This lessens the risk of the aspiration of vomit and enables the patient to breathe more freely, as the tongue does not fall back. The nurse never leaves him until he has regained consciousness.