

bowels not moving, if the patient is doing well in other ways, for as late as three or four days. As a rule the surgeon will order something which will move the bowels on the evening of the second or third day. Calomel will usually be the drug selected, followed by mag. sulph. and an enema. Tympanites, which often occasions much distress, is usually relieved by the free evacuation of the bowels.

*Temperature.*—The temperature should be taken every four hours at first. On the evening of the second day it is usually elevated to 100 degrees F., or even to 101, but it usually drops with the first free movement of the bowels. This slight rise in temperature appears to be due to the absorption of a fibrin ferment. A persistent temperature, however, is in most cases due to infection, either of the wound, or of the peritoneum. Should a chill occur, the temperature should be taken an hour after.

*Facial Expression.*—This is a sign scarcely less significant than the temperature and pulse. A bright, natural expression should be looked for during the normal convalescence; a flushed dusky, anxious, haggard expression will, as a rule, indicate some complication.

*Convalescence.*—In ten or twelve days, usually, the patient may be propped up with pillows, or on the bed rest, and in from seventeen to twenty-one days, according to the rapidity with which strength is regained, she may spend part of the time in a reclining chair or on a sofa. Throughout the convalescence, she must avoid straining the abdominal muscles. While still abed, she must not raise herself to a sitting posture, or change her position without aid. Later, she must not stoop, or lift heavy weights.

During active vomiting, the least strained position is lying on the side with the body slightly flexed, or on the back, with the knees drawn up, resting on the pillow. At the end of the fourth or fifth week, she should be able to walk around, or perhaps go downstairs. All bodily movements should be gentle at first. The patient must not sit up long enough at first to grow tired of the newness of it, and later on she should avoid tiring herself on her feet. It is best not to hasten in getting out of bed, as a prolonged absolute rest is an important element in securing complete restoration to health. Heavy work and exhaustive exercises of all kinds must be avoided. The convalescence is by no means at an end when the patient is able to return to her home. Disappointment will frequently be avoided if she is warned of this beforehand, and kept under observation for a year or more while she is regaining her physical and nervous balance, and passing the period of any unpleasant sequelæ, such as flushes, sweating, giddiness, and various other nervous manifestations. Sometimes some of the