

come into use as a diagnostic agent. So a generation hence many of the views and methods of today will doubtless be obsolete and will be replaced by theories and practices which will give better results. Many of the operations now employed by the best surgeons will be abandoned and new operations will be devised to correct defects which we already recognize but do not know how to overcome, or to accomplish results which we now desire but do not know how to secure.

**4—Failure of the physician to properly direct and supervise the patient's post hospital treatment.**

A surgical operation performed on a patient suffering from chronic or recurrent dyspepsia is but the first step in his cure. The operation simply removes the cause of his symptoms and the case must be carefully and judiciously treated for a long time before he can be said to be well. Frequently the difference between success and failure depends on the post operative and post hospital management.

After a partial gastrectomy the size of the stomach is reduced and the food has to be given in small quantities and at more frequent intervals than normally. If before operation there is complete achlohydria there is no hope that acid production will ever be re-established and its lack must be supplied artificially by medication.

After a gastroenterostomy the stomach empties more rapidly and frequently contains bile and pancreatic fluid which enter through the anastomotic opening. This the diet and occasionally the use of gastric lavage until the stomach acquires a tolerance.

After an operation on the duodenum, gall bladder or appendix to remove the cause of pylorospasm the patient must be systematically treated until the hypersensitiveness of the pyloric muscle is relieved and the spasm habit is overcome.

The post operative treatment of patients is carried out during their convalescence at the hospital under the supervision of the surgeon. The post hospital treatment is continued after their return home under the direction of their family physician.

While at the hospital the patient should be impressed with the fact that he is not well because his wound has healed and that it will be necessary for him to be prudent until sufficient time elapses for his organs to accommodate themselves to new conditions and for his weight, strength and nervous equilibrium to be restored. On his return home he should be directed to place his case in the hands of his family doctor who should be fully informed as to the nature of the operation that had been done and given suggestions if any special indication existed for treatment.

Only by cordial co-operation between surgeon and physician can the best results be secured for these patients.

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