

Peptonized milk has not this objection, and, as a rule, is well retained, but many patients object to the peculiar taste. Weak oyster-broth has often been retained with much satisfaction, when other nutriment has been rejected. Small quantities of ginger ale sometimes act as a sedative to the stomach, relieve thirst and flatulence, and are often eagerly demanded by the patient. At the end of the third day the dietary may be increased and administered every two hours. Milk may now be given, combined with lime-water. Such articles of diet as gruel, light thin porridge, custards, rice, sago, tapioca, thin strips of bread and butter and poached eggs may be gradually added to the list until the eighth or ninth day, when some solids may be introduced.

The arms, legs and chest may be sponged with warm alcohol, or with soap and water, and subsequently convalescence is promoted by frequent sponging and by rubbing the body with alcohol. If there is much restlessness, or if the patient suffer severe pain, a small hypodermatic of morphia, one-sixth to one-quarter of a grain, may be administered, but the routine employment of it is to be condemned. It is much better to encourage the patients to control themselves and to endeavour to endure the pain. It delays healing, checks secretion and elimination, as well as the peristaltic action of the bowels, functions so much required at this critical time; besides, it places the patient in such a mood as to be an unsafe monitor of untoward or alarming symptoms.

*Purgatives.* It is imperative to obtain a movement of the bowels at as early a period as possible, and it is astonishing to note the great change for the better which takes place when this has been satisfactorily accomplished. If, at the end of forty-eight hours, a good satisfactory movement of the bowels has been obtained, and the pulse below one hundred, the patient is convalescent. If, on the other hand, the bowels remain unmoved, in spite of efforts to open them, and tympany appears, with rising pulse, it is a serious matter. On the second day after operation, an effort may be made to open the bowels, some administering grain doses of calomel every hour until five doses have been given; others recommend teaspoonful doses of Rochelle or Epsom salts every two hours until three doses have been given. Medicines by the mouth for this purpose are, however, often contra-indicated, causing nausea or the upsetting of the stomach. The most satisfactory method consists in the administration, on the second day, of an enema of warm water and soapsuds, introduced as high up as possible, by means of a rectal tube or large catheter. If the enema is