

or two at a time, mixed in two or three teaspoonfuls of water, with a little sugar, and with five or ten drops of lemon-juice; if preferred, a teaspoonful of sherry wine may be added. Additional articles of liquid diet are chicken broth, beef tea, and the various gruels. Hot oyster soup, with the cysters taken out, is a valuable and appetizing addition to the diet list when other liquids have become tiresome. Wine-whey and clam-juice are occasionally useful. From four to eight ounces of nourishment will be taken in this way, during the second twenty-four hours, and increased to ten and thirteen during the third. From the third to the seventh day, if all is going well, soft diet may be given, which consists of soft boiled eggs, milk toast, bread, soups, custards, jellies, with milk punch or egg nog. After the first week, stronger diet may be gradually resumed.

*Thirst.*—The thirst for the first twelve hours after abdominal section is sometimes overpowering, and the patient, in her desire to allay it, scarcely knows what she is doing. Dr. Kelly says that one of his patients, a desperate ovariectomy case, reached down to her feet, and pulled up the warm water bag, from which she drank at least a quart of warm water. Another, a colored girl with general suppurative peritonitis, and with a drainage tube in the abdomen, got out of bed, walked into the hall, and drank a large quantity of water from the spigot of the water-cooler. Fortunately neither of them were apparently hurt by their experiences. The best way to treat thirst in all cases is to meet it as far as possible preventively, by giving the patient a rectal enema of one quart of normal saline solution while she is still on the operating table, at the conclusion of the operation. This is done with the table elevated from six to eight inches. In order that the patient may retain the enema, she must be under the anæsthetic when it is given, otherwise the bowel will not tolerate such a large quantity of liquid. For this reason it is impossible to give liquids in sufficient quantities to the conscious subject to be of any great service in assuaging the thirst. However, I have found injections of a small quantity of hot salt solution, say from six to eight ounces, retained, and if repeated every two hours during the first twenty-four hours, it serves in a great measure to relieve the thirst.

*Catheter.*—The catheter should only be used to draw the urine if the patient is unable to pass it naturally after six or eight hours, and then the utmost care must be taken to pass a clean catheter through a clean urethral orifice, under inspection. If the catheter has to be used at all, its use must be discontinued as soon as possible. If vesical irritability is persistent, the surgeon will give something to relieve it.

*Bowels.*—Too much anxiety should not be felt about the