

The After Care of Operative Cases.

A large majority of surgical diseases, requiring operative interference, are preceded, accompanied or followed by hemolytic changes. In addition to the more or less devitalizing effect of the original condition which brings the patient to the operating table, the necessary anæsthesia, if at all prolonged, reduces the hemoglobin percentage and the shock incident to the operation contributes to the surgical anemia. Hemorrhage, Suppuration or Sepsis of course intensifies the post-operative chlor-anemia and renders more than ever necessary the employment of hematogenic measures during surgical convalescence. Judicious feeding alone will not hasten recovery as rapidly as a judicious combination of feeding with a hematinic reconstituent such as **Pepto-Mangan (Gude)**. This palatable, readily tolerable and promptly absorbable organic combination of iron and manganese is distinctly indicated in preference to other blood-building agents, because it is agreeable, non-irritant and free from constipating effect.