

deglutition. There are two methods by which nutrition may be maintained without the performance of deglutition. First by rectal alimentation and second, by the use of an oesophageal tube. The value of the first method is so well established that it is unnecessary here to enter into any details of the procedure. Its early adoption in these cases is essential. The second method is useful in many cases where the stomach is in good condition and there is a craving for food. A soft rubber catheter of small size should be used and not the ordinary large oesophageal tube. The catheter is attached to a glass funnel. The tube need not be passed into the stomach but only beyond the pharyngeal constrictors, In this way an unlimited amount of food may be introduced with no discomfort other than that caused by the passage of the tube. A little practice may render this easy and painless. The tube should be lubricated with white of egg, milk, or mucilage, and not with vaseline, glycerine or oil which are very unpleasant to the patient and may even of themselves produce nausea. Some patients prefer to swallow slowly just before the passage of the tube a small quantity of thick mucilage, the protection afforded by this being very satisfactory. The usual method of passing the tube may be employed except that the finger is not necessary as a guide. There is little risk of the larynx being entered. Care should be taken to avoid all points of tenderness. In many cases the patient himself will soon learn to pass the tube more easily than it can be done for him, since no one knows so well the site of the painful points. Sometimes the tube may be passed through the nostril with greater satisfaction. When the tender points are on the fauces or epiglottis they may be avoided by this route. Food introduced in this way must be liquid or semi-liquid, and should be concentrated as much as possible. The selection of foods cannot be given too much consideration, whether it is to be taken by the mouth in the usual way or by the tube. All who have had to deal with these cases must have noticed how rapidly the weakness progresses as soon as dysphagia sets in, and how soon the patient dies from inanition. So long as the patient is able to take the ordinary diet he should do so, special food being used in addition. When the pain is