

applied with a soft piece of gauze; the skin may be washed with alcohol, 70 per cent. If the umbilical cord is not separated or has not healed special precautions will be required to effectively protect the skin from the suppurating area. This is best accomplished by a cocoon of collodion and cotton, which should completely cover the stem of the umbilical cord. The baby's arms, chest, and legs should be separately covered with sheet wadding held in place by bandages. Warm water bags or bottles should be placed at the baby's feet and sides. All instruments, solutions, assistants, sponges, and sutures should be ready before the anæsthesia is given in order that the baby may be kept under the anæsthetic as short a time as possible. Little babies take ether well. Complete anæsthesia is necessary, but as soon as it is secured a light anæsthesia may be maintained satisfactorily.

The incision should be in the median line about three or four inches in length, to the left of the umbilicus. After palpating the pyloric tumor a complete posterior gastroenterostomy should be done. Only the necessary gentle manipulation of the gut should be made. The mesocolon in these little wasted infants contains no fat and is transparent.

The method of anastomosis should be that followed in adult surgery, namely, the Mayo operation, of no loop at the lowest part of the stomach and opposite to the perpendicular lesser curvature in the pyloric portion. Fine linen should be used in the outer suture, fine chromic gut in the inner suture. Clamps should be used to ensure cleanliness and hemostasis. After the anastomosis has been made the parts should be returned to their natural position, with the bowel to the left of the spine. The abdominal wall should be sutured in layers, peritoneum, muscular layer, and skin; there will thus be no cutting of sutures or hernia. In placing sutures the vascular and prominent suspensory ligament of the liver should be avoided. The dressing should be held in place by a bandage and not by a swathe; there will thus be no slipping of the dressing.

Immediately after the operation salt solution and brandy may be needed. The child should be placed in the semi-sitting position.

Great difficulty may be experienced in the early post-operative feeding of these little starved babies.

*Feeding.* It will be wise at first to tentatively feed the baby. Water, whey, mother's milk should be given in small quantities of half a teaspoonful at a time. The quantity may be gradually increased until after a comparatively few days the baby is taking a half-ounce every three hours. Breast milk is the best food.