peritoneum of the wound, above and below, by situres which take good hold of it. Sutures are inserted on both sides, shutting off the peritoneal cavity. The sheath of the rectus above and below the opening is sutured and then the skin incision.

The tube is brought through the dressing and seenred ontside to the bandage with a safety-pin. A wooden plug is inserted and prevents escape of fluid from the stomach. The stitch through the tube rarely holds for more than ten days, but unless the dressing is carelessly changed or the patient interferes the tube will retain its position. No difficulty will be found in changing—tube, but one of the original size should be retained until the patient is used to feeding himself and has lost all apprehension of hurting himself by passing it. It can then be replaced by a gastrostomy plug, which is more easily managed by a patient who wishes to get about.

Feeding should be commenced at once, a half a pint of milk with an onnce of brandy being given on the table. Subsequent feeds should be given through the tube, a small glass funnel being used, and there should be no disturbance of the dressing.