or three hours after the operation without fear of leakage taking place. In other respects the patient is treated on the same lines as in cases of peritonitis following appendicitis.

Gastrostomy is performed in cases where the patient is to be fed directly into the stomach, as, *e.g.*, in malignant disease of the oesophagus. An opening is made into the stomach and a tube is inserted, by means of which food is passed into the stomach. This tube is introduced in such a way that it passes in a fold of the stomach designed to make an artificial oesophagus, which eventually makes a valvular opening and prevents regurgitation and leakage of the food through the opening. The nurse must take care that the tube is not disturbed when she is changing linen or dressings, as it is very difficult to get it in again; it may even necessitate the reopening up of the wound. And as the nurse has to feed the patient through this tube, she must know the exact lie of the tube. She should ask the surgeon the exact axis of the tube to the stomach, as, if she does not know this, the tube may get kinked, and she may fail to get the food to run properly into the stomach. The patient is fed through the tube every two hours, beginning with albumen water, peptonised milk, eggs, cream, then on to soups, gruel, etc. To prevent leaking, not more than two ounces should be given at a time, at first at least.

Gastro-interostomy is performed when there is any obstruction at the pylorus or duodenum which prevents the food passing round the first loop of intestine beyond the stomach. The surgeon takes the next loop of bowel and stitches it directly on to the stomach, thus establishing a short circuit from the stomach to the intestine.

After-treatment.—The head of the bed is raised to make it easier for the food to flow from the stomach into the bowel. The bed need not be raised quite so high as in gastric perforation. The patient should be fed as early as possible—say within six or eight hours of the operation—with albumen water. If the stitching is effective, nothing should leak. Not more than two ounces every two hours is given at first, later the quantity may be gradually increased.

Vomiting after the operation may be due to ordinary anæsthetic sickness, or a vicious circle may be established, which means that the food gets round the descending loop, becomes decomposed, and comes back to the stomach again. Such cases, however, are very rare. Coffee-ground vomiting is usually an evidence of septic infection and peritonitis.

The general rules laid down for the treatment of stomach operations apply more or less to operations on the intestines.

Colostomy is performed in order to make an artificial opening by which the bowels can move—*e.g.*, in malignant disease of the rectum. The faeces pass through this artificial opening, the lower end of the bowel remaining in disuse. As it may be necessary for the nurse to give enemata through this opening, she must make sure which is the upper end, lest she injects the fluid in the wrong direction. She may also have to wash out the lower segment of the bowel for purposes of cleanliness.

During the after-treatment it is necessary to protect the skin round the artificial anus from irritation by the faeces. For this purpose we have found ichthyol ointment useful. When the patient is able to move about a rubber cap may be worn over the artificial anus to keep the parts clean.

The Tuberculosis Congress at Washington, U.S.A.

Miss L. L. Dock, the Acting Secretary of the Nurses' Committee, in connection with the International Tuberculosis Congress at Washington, writes: "The date of the special session for nurses will be in the week of September 28th to October 3rd. A large and representative number of nurses have been asked to serve on the Nurses' Committee, and most of the Committee are actively engaged in tuberculosis work, and many will write papers. Mrs. Robb, Miss Damer, Miss Fulmer, and Miss Wald, all so well known to nurses all over the world, are down for the general sessions. The nurses' session will give opportunity for every practical point and problem to be brought forward. Some material is also expected from foreign countries. Of special importance is the problem of occupation, both for the incipient and the cured or improved case. Anyone having knowledge of intelligent attempts to meet this need is asked to report upon it. It is not expected that any separate exhibits showing the nurses' field will be arranged, but nursing will be shown in connection with the exhibits of dispensaries, states, etc. It is especially desirable that workers in the tuberculosis propaganda should take great pains to present their work in the most complete and striking manner possible, by working up every sort of exhibit that can be made, and nurses are urged to make an impressive showing."

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