

The Home is situated on a high level, facing the sea, and has a dormitory for twelve children, and a bedroom for the nurses, with another room which is utilised as a dining room. There are two bath-rooms, one for the children and one for the nurses, with a kitchen at the back, where a woman servant does all the cooking. A chowkidar is engaged who looks after the place and runs errands.

In 1932, another similar building was erected, a few yards away, with a similar outlook, and with a well in between for the drinking-water supply.

The surrounding acres of land are covered with palm and other trees, which give coolness during the day.

The Nowrosjee N. Wadia Convalescent Home is not only for the children from the Jamsetjee Jejeebhoy Hospital, but for children from all the Bombay hospitals.

Two nurses are always there to look after the children and to see to their welfare. The Home is also visited once weekly by one of the All Saints Sisters who sees that things are running smoothly, and takes provisions from Bombay for the use of the Home.

Nurses who have not been keeping good health, or are recovering from an illness, are sent to the Convalescent Home to recuperate, a tent being pitched to accommodate them.

Occasionally, a nurse who has no home to go to, is permitted by the Matron in charge of the J. J. Hospital nursing staff to spend her holiday there, which is a great boon to these nurses.

The nurses and children are given good, plain, wholesome nourishing food, and the healthy sea air and sea bathing soon do the rest in restoring them to good health and strength. They usually return after a fortnight with a lovely healthy colour and bursting cheeks.

A CASE OF CONGENITAL PYLORIC STENOSIS

By MISS H. A. STANTON

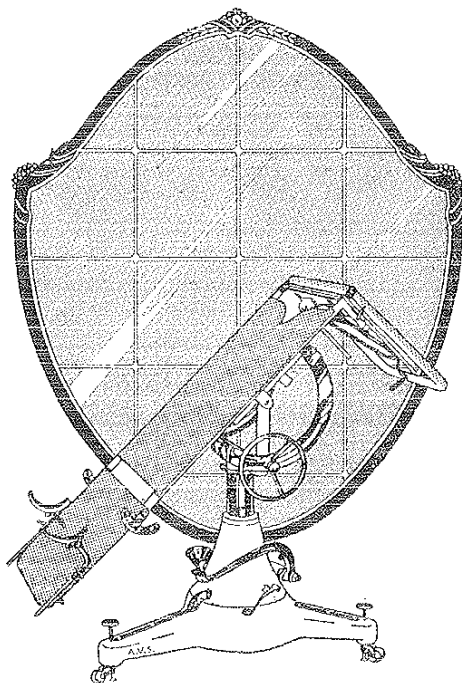
Baby N, a male child, was born in the Lady Curzon Hospital, Bangalore, on 7-12-39. He was a third child, the labour was normal, his birth weight being six pounds twelve and a quarter ounces, and he was breast-fed three-hourly without difficulty. On 14-1-40 his mother brought him to hospital complaining that he had been vomiting for ten days, that he was constipated, his bowels only being opened every three to four days, and that he was passing very little urine. He was still entirely breast-fed. On examination he was found thin but not emaciated, his weight being six pounds twelve and a half ounces, he was bright, his colour good, and no visible peristalsis was seen nor pyloric tumour felt. It was decided that he should be admitted for observation. He was given a mixture containing belladonna, potassium citrate and sodium bicarbonate q.i.d. before feeds. The vomiting which had never been projectile was not relieved and he was given a daily stomach lavage of normal saline. He was again examined on 18-1-40, having lost a further three ounces. Visible peristalsis was observed and a pyloric tumour felt; immediate operation was advised to which the parents very unwillingly gave their consent.

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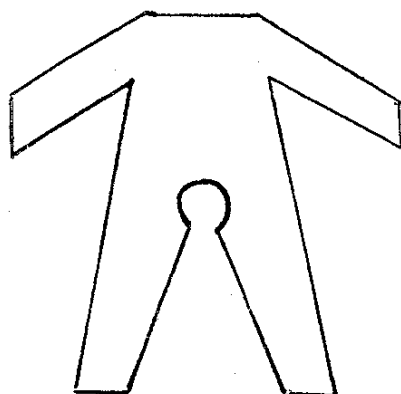
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An hour before the operation was due he was given 25 c.c. of 25% glucose with normal saline into the fontanelle. He almost immediately collapsed, becoming cyanosed and having stertorous breathing. He was given oxygen and kept very warm, and his



SPECIAL SPLINT THAT WAS USED DURING OPERATION AND FOR 24 HOURS AFTERWARDS.

condition improved, but it was decided to postpone operation for twenty-four hours. At 1 a.m. next day he was given ten ounces of 2% glucose with normal saline into the pectoralis muscles and into the thighs subcutaneously. The abdomen was prepared for operation with rectified spirit and 2% picric acid. His arms and legs were covered with wool and bandaged, and his whole body bandaged on to a special cross splint with a pad underneath the stomach. The splint was left on for twenty-four hours. His last feed was given two hours before operation, and a stomach lavage was given one hour before operation. Rammstedt's operation was performed, the time taken being twenty minutes. After operation the baby looked rather pinched and cyanosed but his pulse volume was good and its rate 140. He was put into a well warmed cot with the foot raised and given oxygen for four hours. Four ounces of 2% glucose with saline were given subcutaneously into the thighs. His temperature was taken hourly for six hours after operation as these babies are liable to get hyperpyrexia. Feeding was begun six hours after operation when a drachm of 7.5% glucose in normal saline was given. Half an hour later he was given another drachm, and half an hour after that half a drachm of saline with half a drachm of breast milk. Then he was given gradually increasing breast-milk feeds, at gradually increasing intervals, until forty-five hours after operation he was having two-ounce breast-feeds every three hours. He was fed thus for four days, and then the feeds were gradually increased until he was having the normal amount according to his weight.

He made steady progress, there was no vomiting, and the bowels were opened naturally. On the eighth day after operation the stitches were removed. On the tenth day after operation the baby had a sharp attack of diarrhoea, having green stools with mucus in them, six to eight in the twenty-four hours. His temperature was elevated for forty-eight hours but not beyond 101° . He was treated with bacteriophage, one ampoule every three hours, and bowel lavages of Condy's. The condition gradually cleared up, and he was discharged from hospital twenty-two days after operation, weighing seven pounds ten and a half ounces, fourteen and a quarter ounces above birth weight. When seen a week later he was very well and had gained a further six ounces.