

results of using a liver diet or an effective liver extract in 20 successive cases of pernicious anæmia, which had been treated in the Newcastle Infirmary since the beginning of the year. The results had merely confirmed those of Minot and Murphy. In 19 cases there had been a prompt and rapid rise of red blood cells with quick improvement of the patient's general condition.

CARE OF PREMATURE INFANTS IN THE HOME

By Miss M. SIMON, H. V. L.

(Continued from Health Visitors' League Page in December 1928 Journal)

To continue our conversation about premature babies. We have now to consider their Clothing and Feeding. As I said last month, we should not be in a hurry to dress our "prem" at all, and, when it is done, it should be moved about as little as possible. A little coat made of gamgee tissue is best. The tissue should be divided and one side covered with a piece of gauze—this keeps its shape so much better than loose pieces of wool inside a vest. Cut it out just as you would a magyar-shaped Kurta, with long sleeves, and sew up the side and under-arm seams cutting an opening down the front, which may be fastened with tapes. Long woolly socks, a woolly cap or a piece of divided gamgee tissue shaped like a bonnet, a light shawl or old blanket are all the clothing necessary, provided the bedding is suitable, *i.e.*, light and warm.

A soft napkin may be wrapped round the lower limbs, but squares of wool should be laid inside to receive motions and urine, which can be easily removed, without changing the napkin, and thus disturbing the baby frequently.

Premature babies become chafed very easily, and should always be washed with oil when they soil their lower parts, and it is a good plan to rub the buttocks well with spirit once a day, powdering afterwards. Many of these little attentions cannot, I know, be achieved in a poor home.

Scrupulous cleanliness of bed, bedding and clothing is essential.

Now we come to the all important questions of Feeding. It must be remembered that, just as the premature baby's body and vital powers are not fully developed, so is the digestion and absorptive capacity less than that of a fulltime baby, and a false step may cost the tiny thing its life. At all costs we must try to secure mother's milk for it.

Nothing is required but a little warm boiled water for the first six hours, but after that we should provide it with nourishment. The best thing I know is a 10 per cent solution of glucose, which gives the necessary caloric requirements without taxing the digestive powers. Glucose is cheap and most chemists keep it.

To make a 10 per cent. solution you will require 1 oz. (two level table spoonfuls) of Glucose in 2 pint (10 ozs.) of boiled water. Failing this, lactose or sugar of milk is better than cane sugar, as it is less likely to set up intestinal fermentation.

The premature baby requires $\frac{1}{6}$ th of its body weight in ounces of fluid. Supposing its weight to be 3 lbs. (48 ounces), it will require $\frac{1}{6}$ th of this i.e. 8 ounces—in 24 hours.

At first 8 feeds a day, at 3-hourly intervals, day and night is generally the best, 1 oz. at each feed. The night feeds should be left off as soon as larger day feeds can be taken. It may even be necessary to feed $2\frac{1}{2}$ hourly at first, but the maximum number of feeds in the 24 hours should be 9. I personally have always given brandy or rum to premature babies a dilution of 5 drops in a teaspoonful of warm boiled water 4 hourly, but many doctors now-a-days do not advise this being necessary.

Feeding on 1st day.—Warm boiled water. After 6 hours, 1 oz. of 10 per cent. Glucose solution 3 hourly.

Feeding on 2nd day.—Draw off the colostrum with a breast pump 3 times in the 24 hours, cover it carefully, give a portion of it 3 hourly with a pipette or teaspoon, followed by Glucose solution up to 1 oz.

Feeding on 3rd day.—If the baby is strong enough, it may be put to the breast twice in the 24 hours, but it will not be able to take enough for a meal.

Empty both breasts, with a breast pump, or, better still, with the hand, 6 hourly, keep the milk perfectly clean, and warm 1 oz. every 3 hours and give to the baby with a pipette or a teaspoon. If the milk is insufficient in quantity, make up to 1 oz. with glucose solution.

As the baby's strength increases, it may be put to the breast more frequently, for a longer time, but it is a great mistake to overtax its strength. Plenty of fluid may be needed by the mother, and probably hot and cold sponging followed by gentle massage of the breasts to provide the stimulus generally afforded by the vigorous sucking of a hungry baby. The amount drawn off should be carefully enquired after daily.

If the milk supply is late in arriving, (which is not unusual in the case of a "prem" baby) or, if it shows signs of failing, temporary supplementary feeding must be resorted to. No doubt, human milk is the safest thing if it can be obtained, a nursing mother being asked for 4 or 5 ounces daily, which may be made up to 8 ozs. with boiled water and given with a

pipette or teaspoon. Needless to say, the suitability of the wet nurse must be carefully thought of.

Failing this, I consider that in the homes in which we have to work, Nestle's milk, sweetened, is, on the whole the safest substitute, though scientifically incorrect, of course.

The smallest sized tins should be procured, as tinned milk, once opened, does not keep fresh indefinitely. Indeed, it is safer to open a fresh tin every 24 hours if the weather be at all warm. A solution of 1 in 10 at first (2 tablespoonfuls) of condensed milk and 9 ozs. of water will be strong enough, very slowly increasing to 1 in 5 as the baby shows that it is digesting its food. By this time too it will be necessary to add fat. Pure, fresh cream of known strength is difficult to obtain in this country, the safest thing therefore for a premature baby is cod-liver-oil, of which 2 drops may be given in alternate feeds, or rather, just before the feed is given, gradually increasing until it is taking 20 drops in the 24 hours. These little babies often deal more successfully with fat than normal babies and need more in proportion to their weight.

If breast fed, the premature baby should begin to gain weight after the first week, "bottle feds" usually do not gain for at least a fortnight, but this is nothing to worry about and is much safer than a too rapid gain.

The most important thing is to guard against any kind of infection, as naturally the premature baby has very little power of resistance. By the time it weighs 4 lbs. it should be out in the sun daily, and be bathed quickly on the lap twice a week.

By the time it weighs 5 lbs. it may be treated as a normal new-born baby.

SURGERY MARVEL

From Madras Mail

The complete removal of a man's stomach and the patient's subsequent recovery is a marvel of modern surgery described by Mr. E. R. Flint, Assistant Surgeon at Leeds General Infirmary, in a recent issue of the "British Medical Journal."

The man, a labourer, aged 44, was admitted to the Batley Hospital on May 24, 1927. Examination by the Surgeon showed there was only one way of giving the man a chance of life. Mr. Flint declares: "I decided it was worth while giving him his chance."

He then explains how he cut away the stomach, little by little. When it had been entirely removed the upper part of the small intestine was stitched to the gullet.