

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.

Fortunately there were few of the pancreatic glands—the organs which help to supply the digestive juices—involved in the operation, so that the man was not without the help of ferments to digest his food.

SOLID FOOD AGAIN

His recovery was remarkable. He began sipping small quantities of water at the end of 24 hours, and the quantities were gradually increased, with the addition of milk and tea, until at the end of ten days he was taking as much as he asked for.

Solid food was begun in a fortnight, and steadily increased. Within a month the man was out of bed and eating ordinary food, small meals being taken often.

On November 1, 1927, the man was admitted to Leeds General Infirmary for an X-Ray examination. This revealed that the operation had been wholly successful.

Now, after 18 months, the man is apparently quite fit, and able to do reasonably hard work. He enjoys his food.

HEALTH VISITOR'S LEAGUE PAGE

DEAR FELLOW-MEMBERS OF THE HEALTH VISITOR'S LEAGUE.

YOU will get a very short letter from me this month, as I have only just returned from the All-India Women's Education Conference in Patna, (to which the Constituent Conference in Lahore sent me as one of its delegates), to find any amount of office work waiting for me, and my Annual Report urgently demanding immediate attention. I do not like beginning the New Year with complaints, but really, if none of you ever send any contributions to the Health Visitor's League page, we shall have to close it down, from lack of support from members.

You are ready enough to write for Railway Concessions when you need them, but our League should exist for giving as well as getting, don't you all agree?

I hope you all are taking an interest in the work and propaganda of the All-India Women's Education Conference and taking an active part in the work of local branches, which must exist in many of the places where you are working.

I look upon the Health Visitors as among the most influential educationists in India, for 'Education' is such a vast subject, not limited by any means to schools and colleges, and education in Health and Domestic Reform is almost more important to India's welfare at present than actual book learning.

The Conference this year was at Patna, where we gathered from all parts of India, and had very full discussions on many resolutions connected with various aspects of education, and decided on the line or action to be pursued during the coming year.

The interesting discussions showed what a very keen interest Indian women are taking in public affairs—an interest which is leaving to practical results in many places.