

health, and, what is more to the point, the operation leaves them with functionally active organs. This treatment seems to me a most rational one, and I have operated in this way on three occasions, the results being most encouraging. I therefore venture to lay them before the profession, in the hope that the operation may be given a more extended trial. I am quite aware that the results of three cases are insufficient to prove the worth of this treatment; but I am convinced that in other hands than mine the operation will be productive of much good. However, if it but tends to limit the number of 'spaying' operations, I shall be more than satisfied."

The only apparent difficulty encountered in any of the cases was hæmorrhage, and this was not alarming, and was apparently readily controlled

MEDICAL AND SURGICAL BRIEFS FROM NEW YORK HOSPITALS.

INFANT FEEDING.

There is a physiological limit to the amount of food which a child may take. When this principle is violated many morbid processes may result. In the treatment of disease, authors not infrequently speak of removing the cause. Now would it not be wise, in any case, to regulate the quantity of food, for its prophylactic if not for its immediate effects? How to so regulate the diet of children has been the question. A table for this purpose will be given at the end of this note which the intelligent reader will doubtlessly find definite and practical. The need for such a guide is apparent. It will be of special value in diseases of

HOW TO FEED AN INFANT.—DEvised BY A. SEIBERT, M.D.

WEIGHT IN POUNDS.	SIZE OF BOTTLE.	AMOUNT			TIME OF FEEDING.			
		OF MILK.	OF GRUEL.	OF SUGAR.	HOW OFTEN.	IN 24 HOURS	6 AM to 6 PM	6 PM to 6 AM
6, 7 and 8	3 ounces.	1 ounce, or 2 tablespoon- fuls.	2 ounces, or 4 tablespoon- fuls.	$\frac{1}{2}$ teaspoonful.	1 bottle full every 2 hours.	8 bottles.	6 bottles.	2 bottles.
9 and 10	4 ounces.	$1\frac{1}{2}$ ounce, or 3 tablespoon- fuls.	$2\frac{1}{2}$ ounces, or 5 tablespoon- fuls.	$\frac{1}{2}$ teaspoonful.	1 bottle full every 2 hours.	8 bottles.	6 bottles.	2 bottles.
11, 12, 13 and 14	5 ounces.	$2\frac{1}{2}$ ounces, or 5 tablespoon- fuls.	$2\frac{1}{2}$ ounces, or 5 tablespoon- fuls.	$\frac{3}{4}$ teaspoonful.	1 bottle full every $2\frac{1}{2}$ hours.	7 bottles.	5 bottles.	2 bottles.
15 and 16	6 ounces.	$3\frac{1}{2}$ ounces, or 7 tablespoon- fuls.	$2\frac{1}{2}$ ounces, or 5 tablespoon- fuls.	$\frac{3}{4}$ teaspoonful.	1 bottle full every $2\frac{1}{2}$ hours.	7 bottles.	5 bottles.	2 bottles.
17 and 18	7 ounces.	5 ounces, or 10 table- spoonfuls.	2 ounces, or 4 tablespoon- fuls.	1 teaspoonful.	1 bottle full every 3 hours.	6 bottles.	5 bottles.	1 bottle.
19 and 20	8 ounces.	All milk and 1 teaspoonful of sugar.			1 bottle full every 3 hours.	6 bottles.	5 bottles.	1 bottle.

Never use a larger bottle than the one indicated by the child's weight. The weight, not the age, of the infant determines its food properly.

by "packing sponges down over the abraded surface." The possibilities of this simple operation are great, and we have little doubt that it will soon be generally practised.

DR. G. STERLING RYERSON has returned to practice after a two months' sojourn in Jamaica.

the intestinal tract, for so-called "bottle-fed" children, for those whose power of assimilation is impaired by over-feeding, and for many other disorders hitherto ascribed to teething. Much discussion has arisen concerning the basis of such a table. Prof. Seibert, the originator of this table, makes the weight of the child (naked) the proper