

Infantile Malnutrition.

A LECTURE DELIVERED AT THE INFANTS' HOSPITAL, VINCENT SQUARE, S.W.

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Infantile Malnutrition is the most serious of all conditions prejudicially affecting this country at the present time. It is responsible for a multitude of disorders and diseases affecting all classes of society, and by no means confined to the poorer classes. In explaining the various phases of the subject, I am particularly anxious to impress upon you the importance of diagnosis and careful observation. I shall do you much more service if I can elucidate the character of malnutrition and its distinguishing features than by giving you a few pieces of more or less useful advice in regard to the treatment of a baby that is not thriving. The diagnosis of the precise conditions in a baby suffering from malnutrition is of the first importance, because without the essential of accurate diagnosis it is impossible to treat the baby with any degree of success.

THE MEANING OF INFANTILE MALNUTRITION.

What do we mean by the term *Infantile Malnutrition*? A great deal is involved in that term, at any rate, as we use it in this hospital. In the first place it implies that the baby was born healthy. It is necessary for me to draw your special attention to this point, because it is one that is very inadequately appreciated, and a great deal of confusion is caused by including in one category widely differing conditions.

Why do I lay down as the first essential in our meaning of infantile malnutrition that the baby is healthy at birth? The reason is a very simple one. Many people suffer from malnutrition, a person the victim of typhoid fever, for instance, wastes; a baby the subject of constitutional disease is not likely to thrive. When, therefore, we say that an infant is suffering from malnutrition we do not mean secondary malnutrition, but primary malnutrition.

PRIMARY MALNUTRITION.

By primary malnutrition we mean that the ill health of the infant is directly related to the character of the food it has received. But if the term implies a baby born healthy at birth it also implies the *exclusion* of a variety of conditions. Specific constitutional disease is forthwith excluded. Defective development at birth is excluded because obviously if a baby is born in a condition of faulty and im-

perfect development, so that the digestive structures are incapable of performing normal functions, it is incapable of digesting food. We speak of such an infant under different terminology, and, therefore, when we speak of malnutrition we exclude these conditions. If I labour this point somewhat, it is because of its cardinal importance with regard to both prognosis and diagnosis. If a baby's condition at birth is hopeless, so that it is only capable of living a few weeks at most, we must recognise this at once, for it is doubly distressing to the mother to learn that her baby cannot live after she has been led to believe otherwise.

ASTHENIA CONGENITALIS.

There is one set of cases extremely liable to be confused with malnutrition. They belong to a wide group, but I will give you the generic term we use in this hospital to cover them all. *Asthenia congenitalis*—want of strength at birth. *Asthenia congenitalis* covers premature infants, and immature infants, *i.e.*, infants born at full time, but still not perfectly made, born with some defect which is sometimes easily detected, at other times by no means so obvious.

DIFFERENTIATION BETWEEN MALNUTRITION AND ASTHENIA CONGENITALIS.

The most important point in regard to the differentiation between malnutrition and *asthenia congenitalis* is the *length of the infant*. A normal infant at birth measures 21 inches in length. Babies, as you are aware, vary very much in regard to the actual weight at birth, but their length is a singularly constant measurement. You may be quite sure that no baby that is fully developed and mature measures less than 20 inches. This measurement is taken not from the vertex, but from the occipital foramen. The tape is passed along the back of the head, along the middle line of the body between the legs, held together, to the heels. That measurement, in the case of a normal infant, is 21 inches. You will appreciate the importance of the measurement when I tell you that it is only in exceptional circumstances that we admit an infant measuring less than 20 inches, while infants measuring less than 19 inches are practically never admitted. It is sufficient for us to take a measurement of, let us say, 18 inches to reject the baby on the ground that it is in a condition of *asthenia congenitalis*. It is born wrong, it is not in a condition of malnutrition, and, therefore, does not come within the scope of our work in this hospital.

EXCEPTIONS.

There is no rule without exceptions.

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