

Induced Labour.—Marjorie Batchelor, No. 699, was admitted to the hospital aged 4 weeks, weight 5 lbs. 15 ozs., length 19 inches. She was born in the York Road Lying-In Hospital—induced labour, two weeks before full time. You see how the history and the measurement go together. I impress upon you that most babies of that length would not survive. In this case there were some points in its favour—(1) The labour was induced. (2) The baby was cared for in a hospital from birth. (3) She was brought to us at a very early age. At first there was little improvement in weight, but now the baby is steadily gaining in weight. She is still in the hospital.

Multiple Pregnancy.—Here is another baby, No. 807, Ada Elstell, six weeks of age, weight 5 lbs. 15 oz., length 19½ inches. She is one of twins, and the prognosis is, therefore, somewhat more favourable. When multiple pregnancy is in consideration a length of 19½ inches is very considerably better than if the baby were not born a twin.

Asthenia congenitalis.—Here is a baby aged 3 weeks, weight 6 lbs. 5 oz., length 20½ ins.—a suspicious length. The mother has had two previous infants, the first died at seven weeks of age, the second at 11 days. In combination with that of the third infant, the history is strongly suggestive of the fact that she gives birth to infants characterised by some degree of *asthenia congenitalis*. Do not think that all conditions of *asthenia congenitalis* are inconsistent with healthy development. It is a question of degree. If the degree of defect is slight we may hope to neutralise it, but if it is at all severe it is generally quite hopeless.

TWO PHASES OF MALNUTRITION.

Let me now draw your attention to two phases of malnutrition. The first is one in which the baby has received a pure food, but it is deficient in quantity and in quality, that is to say, the chief defect of its food supply has been the absence of those materials requisite for its development. The other phase is one where the baby has received improper food, may be a very large amount of food, but some of the materials requisite for its structure and development have not been present, while other materials which ought not to be there at all have been present in large amounts.

[Dr. Vincent illustrated these points by citing two cases from his "Clinical Studies in the Treatment of the Nutritional Disorders of Infancy," Cases xii. and xx. This book, which is published by Messrs. Ballière, Tindall, and Cox, should be in the possession of every nurse attending these lectures.]

THE SIGNS OF MALNUTRITION.

In regard to the signs of malnutrition, let me remind you that it is extremely insidious in its onset. The baby is noticed to be not thriving, unhappy, fretful, is pallid, looks anæmic; its face is wrinkled, its skin harsh and dry. Very often you will notice a condition of the head if the malnutrition has lasted for any considerable time, which is quite characteristic—a mass of dry scales on the head, very tenacious, and highly irritant to the baby. One sign is always present—the baby is unhappy. Some time ago, when we were at Hampstead, I was going round the hospital with a doctor, and I turned to the Sister, saying, "That baby is very much better, Sister," and the Sister replied, "Yes, she is." I had not examined the baby, and the doctor standing by was rather astonished at my remark. I think he was a little shocked that I had not put a stethoscope on its chest, or had not felt its pulse. He said, "How do you know that that baby is so very much better?" I replied "I have seen that baby for the last month; it has always looked very unhappy, though its expression has been becoming much less strained, but I have never seen it smile until to-day." You may be quite sure that when a baby who has been ill begins to smile it is a most valuable indication of progress. When I see that I expect to see a gain recorded on the weight chart.

There are many special signs and symptoms connected with this nutritional disorder. Vomiting is a very frequent sign. On the other hand, you may have a severe degree of malnutrition without any vomiting whatever. The character of the motions is of the utmost importance.

When you have to deal with a baby suffering from malnutrition, put out of your mind at once any idea of giving that baby what is known as a "good food." [The lecturer here described a very common history. Baby breast fed—method obliged to be given up. Humanised or sterilised milk resorted to, at first apparently with some degree of success, later the method proved unsatisfactory. Peptonised milk tried with same result. Healthy strong wet nurse obtained from a lying-in hospital. Considerable improvement in first 24 hours, then collapse of an urgent character occurs, and the poor baby is in desperate straits.]

Now, if I had been seeking a wet nurse in such circumstances, I should have asked for the most anæmic and miserable looking specimen they had in the hospital. When a baby has been suffering from malnutrition for some time, when the whole

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