

infant's head are taken, and it is found to be much below 17 inches in circumference there is a strong presumption that the child will be mentally deficient. In these cases the forehead recedes rapidly backwards to the pointed vertex, and the head is often flattened at the back.

Hydro-Cephalic Defectives.

In the hydro-cephalic group the head is enlarged, the brows are over-hanging, and the diameter of the head is considerable. The head is altogether out of proportion to the rest of the body.

Mongoloid Defectives.

The infants belonging to this group have an appearance somewhat like that of the Tartar people. The eyes are placed obliquely and close together, the palpebral fissures sloping upwards, the epicanthic fold is enlarged, the nose is short and spread, the mouth is open and prominent, the palate high and narrow, and the hair straight and wiry; the bones of the limbs and the little fingers are frequently incurved. These children are of a tuberculous tendency, and many die from the disease.

Cretinoid.

These are chiefly met with abroad, and in some parts of the Continent cretinism is more or less endemic. In this country it is sporadic, and not very often seen. Infants of this type are myxœdematous. Their condition may often be improved by the administration of thyroid extract.

Another class of mentally defectives includes those in whom defects are dependent on disease of the nervous system and sense organs.

Others manifest facial defects in connection with the natural fissures, the eyes, the nose, and the lips.

Congenital Circulatory Defectives.

Other defectives to whom attention must be drawn are those in whom the heart and blood vessels are imperfectly formed or arrested in their development. In some cases, even when a child is born at full time, the formation of the heart is incomplete. Such cases are usually more or less cyanosed, and the child does not usually survive for long, and even at the best remains a cardiac cripple with feeble powers for life's activities.

Defects in the Alimentary Canal.

One of the great duties of life is that of feeding. When the alimentary canal is defective the taking and digestion of food may be interfered with, as in cases of cleft palate, of con-

genital stenosis of the pylorus, or of imperforate anus.

Defects may also occur in connection with the genito-urinary system, and with the skin.

Monstrosities.

Lastly, when the development of the ovum is interfered with at an early stage, abnormalities, leading to the production of what are termed monstrosities, may occur.

[At the close of the lecture, Dr. Kelynaek threw on the screen, by means of the epidiascope, some interesting illustrations of the various types of deficiency to which he had alluded. He impressed upon his hearers that the main purpose of a lecture on cases deviating from the standard of the perfect infant was not only to interest them but to make them more efficient in the systematic study and care of the normal and healthy infant.]

The Patient's Consent to Operations.

The necessity of obtaining the patient's consent to operation may seem, says the *Lancet*, too obvious to require discussion, but cases in which the question is not so simple as might be imagined occur from time to time. Thus a patient consulted an aural surgeon for deafness of the right ear. There were a large perforation in the lower portion of the membrana tympani and a polypus in the middle ear. The surgeon advised operation, to which the patient consented. At the latter's request his family physician was present at the operation. When the patient was under the anæsthetic the surgeon examined his left ear and found that it was in a more serious condition than the right and in greater need of operation. He found a large perforation high in the membrane and the bone of the inner wall of the middle ear necrosed. He called the attention of the patient's physician to the condition and recommended that the operation should be performed on the left ear. To this no objection was made. The patient had not complained of any deafness in this ear or known of any trouble in it. The operation was successfully performed, but after it the hearing of the left ear was seriously impaired, and the patient brought an action for assault and battery against the surgeon. The court held that the operation was a violation of the rights of the patient unless the surgeon could show that the patient had explicitly or implicitly consented to an operation on the left ear. The jury returned a verdict for the plaintiff.

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