

prevent the infant losing the heat generated, and not, as so many think, to provide heat. A well-ventilated incubator is eminently satisfactory, but failing that it is easy to improvise one by surrounding the infant with warm bottles in a well-lined cradle; this should be kept near a good fire, and protected from air currents. A very careful watch must be kept on the thermometer, hung in the cradle; the temperature at which it is kept will depend on the degree of prematurity and the general condition of the infant; it is a common mistake to have it too high, this causes excessive perspiration, restlessness, and exhaustion; in most cases the best temperature for incubation is 78 degs. Fahr. (26 degs. Cent.); only in exceptional cases, where the child weighs 3 lbs. and under, may it be allowed to rise to 86 degs. Fahr. (30 degs. Cent.).

Should the baby have a subnormal temperature it may be raised by giving a warm bath for twenty minutes before putting him in the incubator. This warm bath should at first be a degree higher than baby's temperature, which will steadily rise if the heat of the water be progressively increased up to 100.4 degs. Fahr. (38 degs. Cent.). When the incubator is judged no longer necessary the heat should be gradually decreased till it reaches 68 degs. Fahr. (20 degs. Cent.); if this is done too rapidly chilling may result.

2. *Proper feeding.*—Opinions vary distressingly on this subject. With regard to quantity, there are two courses:—(a) to feed liberally; Budin advocates this with certain reservations; he says the premature baby weighing 4½ lbs. to 5½ lbs. (2,000 to 2,800 grammes) should daily take one-fifth of its body weight; there is always of course the danger of digestive troubles. (b) To feed sparingly; there is risk then of inanition, cyanotic attacks, and death from exhaustion. The art lies in finding the happy medium; this will be determined by the study of the individual infant. There is no divergence of opinion as to the best food—human milk; in certain cases it may need dilution from the third day onwards if too rich in quality. If artificial feeding is necessary, the proportion of proteid should be low at first, gradual increase being made as the digestion becomes trained; thus if percentage feeding is decided upon, Formula 1, containing 1 per cent. of cream, and ½ per cent. of proteid is suitable. Whey and cream mixtures are particularly well digested by the premature infant, others thrive on condensed milk (1 in 12). If modified cow's milk is given 1 in 4 is sufficiently strong, an ounce of cream may be added to a pint of the mixture. For two or

three days feeds may be given every hour and a half, after that every two hours is sufficient; water is a great necessity for the premature infant; it may be given freely between the feeds. If the child is too feeble to suck, the milk may be trickled in by gentle manipulation of the breast, or drawn off and given with a spoon or medicine dropper, scrupulous cleanliness being observed. In very weakly infants forced feeding or gavage may be resorted to; for this a soft rubber catheter (size 12) and glass funnel are necessary; the infant lies on the nurses' lap; the catheter is passed down the œsophagus, the length of tube from mouth to stomach being about 7 inches; the required quantity of food is introduced, and the catheter withdrawn quickly.

3. *Protection from infection.*—Premature infants are much more susceptible than those born at full term; it is, therefore, highly important that all the feeding apparatus should be sterile; the incubator should be disinfected, and isolation is desirable. If kept in a ward with other babies suffering from infectious diseases, the poor weakling will almost certainly contract them.

4. *Constant intelligent supervision.*—The nurse or midwife will carefully follow out the doctor's directions. A chart with full details of temperature, daily weight, motions (number, size, and character), feeding, and treatment should show vividly the general condition of the child. The liability to cyanotic attacks, convulsions, etc., make it imperative for him to be constantly under observation. The diaper should be changed immediately it is soiled; the mouth should be kept clean; and every unnecessary movement avoided. Many babies are the better for gentle friction with warm oil before a fire; it improves the muscular tone; this, with weighing, must be omitted if the infant is very feeble.

It is a popular and erroneous idea that a premature baby will never be as strong as one born at term, and there are hard-hearted cynics who say it would be best to let them die; they themselves often assert tenaciously their right to live, and to us who love and tend them comes the satisfaction of not robbing them of their birthright.

M. O. H.

THE CENTRAL MIDWIVES' BOARD.

The next examination of the Central Midwives' Board, in London and the Provinces, will be held on October 23rd, in London at the Examination Hall, Victoria Embankment, W.C., and at Birmingham, Bristol, Manchester, and Newcastle-on-Tyne. The oral examination follows a few days later in each case.

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