

vents the loss of heat occurring. If loss of heat occurs so that the feet are cold the blood is chilled in the extremities, and passing through the veins in the abdominal cavity, cools the tissues so that the digestive processes are under even greater disadvantages than they might otherwise be.

As a rule, there is a great perversion of the whole of the digestive processes, and therefore we generally begin with a dose of castor oil, if the general condition of the infant permits, that is to say, if the collapse is not too great. We frequently follow this by the administration, for a short period, of mercury in the form of grey powder or calomel. This is often necessary because there is so much chemical decomposition taking place in the alimentary canal that it is very little use giving any kind of food until we have done something to rid the interior of the infant of these unhealthy and poisonous products. Very often the baby is in such a critical condition that more energetic treatment is required. Brandy, 5 minims to a teaspoonful of warm water, is a useful stimulant, but one of the most valuable is a sub-cutaneous administration of normal saline solution. It is well for me to remind you that the amount given should be small, certainly not more than 4 oz., very often 2 oz. is quite sufficient, and it is much better to repeat the administration of that small amount several times, than endeavour to give a large amount at one time.

One of the great difficulties in treating babies suffering from atrophy is the common experience that the baby "does not take well," that is to say, that after taking half an ounce or an ounce, it does not want any more. Let me caution you against attempts to forcibly feed the infant by means of nasal feeding, stomach tube, or any measures of that kind. In these cases we are not dealing with a case of diphtheria, where there is physical difficulty in swallowing; we are dealing with a case where the "not taking well" is a valuable indication of specific inability to digest food. The digestive secretions are not there, and cannot be provided. It cannot deal with food. Appetite depends upon the secretion of the digestive juices, and the baby is protecting itself by refusing to take food which would only be subjected to chemical decomposition in its stomach and intestines, and therefore would poison it. We must wait patiently in the hope that the small amount of food which it will take will provide the stimulus it requires. Here, again, we see how necessary it is to remember the essential condition: atrophy of the function. In such conditions only the very gentlest stimuli can gain re-

sponse; with greater stimuli, beyond the power of reception, food so far from stimulating the functions result in a complete paralysis of the functions. Consequently our one effort is to avoid giving the infant a food which it cannot digest, firstly because not digesting it, it will not be of the slightest use, and secondly because not being digested, it will simply decompose in the intestines, and upset and disturb the infant very seriously.

I will sketch for you the treatment as we conduct it in this hospital, and then I shall endeavour to explain to you in the case of poorer infants how a great deal can be done when the surroundings of such an institution as this are not available. An important part of our work in this hospital is to lay down principles upon which such cases should be treated outside the hospital when we are not always provided with the exact materials that are here obtainable, and I shall hope to show you that we are by no means unable in such cases to do anything for the baby, as may at first be thought.

The lecturer here described the method of treatment at the Infants' Hospital by means of milk prescriptions. He said further: A very important point in our prescriptions in this hospital is that when we are changing the diet we change one element at a time, the fat at one time and the proteids at another. With a delicate infant, we never change both together because it is most important for us to determine if any pathological symptoms arise what is the cause, and if we change one at a time we are in a position to speak with comparative certainty.

OTHER METHODS.

I promised that, having given you a sketch of the treatment in hospital, I would endeavour to show you how it may be carried out outside the hospital. We have here a pint of ordinary whole milk, and a small quantity of rennin. Remember that this is whole milk, because with skimmed milk the constituents of the whey which we are about to make would be different. To one pint of the milk warmed to 100 degs. Fahr., I add a teaspoonful of rennin, and I carefully stir the milk so that when the rennin acts so as to precipitate the curd, about half the fat will be carried down with the curd, and the other half will remain in the whey. The milk has curdled, and we will now filter it through this piece of muslin. In this beaker we have the whey, and I will pass round the beaker containing the precipitated curd. When you realise its density you will not be surprised at its causing severe indigestion in a young infant. If you wish to

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