

Premature Infants.

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INTRODUCTION.

In the present course of Lectures it is our purpose to deal with *premature*, *immature*, and *defective* infants, and then to consider the effects of *Infantile Malnutrition* as manifested in *School Children*.

In these subjects we are confronted with problems of no little difficulty. Some at a first glance may be inclined to think them not so sufficiently practical or pressing as to demand special consideration in a course of lectures to nurses. I hope, however, to be able to prove to you that it is only by a careful study of what we may truly call "*unfit*" babies that we are in a position to undertake the successful management of those who can and should attain to physical and mental "*fitness*."

With our limited opportunities for influencing the infant life of our country there is the greatest need that we should discriminate and distinguish between those babies we may hope to benefit and those who are literally unimprovable.

Moreover, by a consideration of imperfect babies we shall be going far towards discovering, and, it may be hoped, preventing or removing those factors which cause imperfection of infant life.

One of the great purposes of this Infants' Hospital is to study the conditions making for "*wastage*" of infant life, and we can best attain this end by a consideration of these pitiable little dependents who, without any stretch of imagination, may be well designated "*infant wastrels*."

For purposes of convenience I propose to group these *weaklings* under three heads. I do not suggest that this is in any way a strictly scientific classification. But I believe it will serve our present purpose.

1. Firstly, we must consider the infant who comes into the world before its time, and therefore necessarily in a condition of uncompleted development, and with imperfect powers of adjustment to its environment. This is the *premature infant*.

2. Secondly, we must be able to recognise the child who, although of "*full time*" as regards its pre-natal period of growth, is not

of "*full-strength*" in its vitality, its powers of resistance, adaptability, and progressive development. This is the *immature infant*.

3. Thirdly, we cannot neglect the infant who has been imperfectly or deficiently developed, or who is the subject of definite congenital disease. This we may well call the *defective infant*.

Some of you will, perhaps, be inclined to urge that the percentage of infants born premature, immature, and defective is but small. It is certainly difficult, perhaps impossible, to give any satisfactory statistical expression on this point.

A subject which is rather open to dispute, but is one of national importance, is whether the health of the mother affects that of her offspring, or whether the majority of children are born healthy, whatever be the condition of their parents. In regard to this I should like to quote to you the opinion of my old friend and teacher and one of our own Consulting Physicians, Dr. Henry Ashby.

Dr. Ashby says:—

"My own experience in the out-patient room entirely confirms the opinion that the nutrition of the mother has a very important bearing on the nutrition of the foetus, and that the statement that the percentage of unhealthy births among the poor is small is not justified by facts. We constantly see fully-developed infants a day or two old brought by midwives or neighbours exceedingly badly nourished, blue and feeble, and who are clearly ill-fitted, as the event indeed proves, to withstand the conditions of an external existence. There must be numbers of such born in this city that perish within a few weeks of their birth and who fail to thrive for even a day. There is no question of syphilis; they are the children of poor mothers who have lived lives of hard wear and tear during pregnancy, are themselves badly nourished and weakly, and have felt the pinch of poverty, though often, perhaps, poverty of the secondary sort. I have a strong conviction also that the infants of the poorer and weaker mothers, even though they are born fairly well nourished, are difficult to rear, and easily waste even when under fairly favourable conditions in a home or hospital."

In England and Wales in 1904, 944,703 infants were born, and in the same year 13,490, or rather more than one in seven, died under the age of twelve months. We do well to remember that one-third of the mortality of infants under twelve months of age occurs during the first three months of life. The mortality during the first week is so high that if the same rate was maintained for forty-

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