

case seeking admission, and afford us valuable guidance. The weight is of less importance than the length, but when taken together they are very helpful in leading us to a right conclusion as to the maturity of an infant. A full-time infant at birth should weigh from 7 lbs. to 8 lbs. and have a length of 20½ ins. to 21 ins.

These points I dealt with in a former Lecture, and I believe my colleague has recently discussed them at length with you.

TABLE INDICATING WEIGHT AND LENGTH OF PREMATURE INFANTS.

Week of Intra-uterine Life.	Weight in ozs.	Length in inches.
24th	23	11¼—13½
28th	39	13½—15
32nd	52	15½—16½
36th	64	16½—17½
38th	77	17¾—18¾

General Aspect.—Usually the premature infant has an immature appearance. It is small and puny. The head is often conspicuously large in comparison with the rest of the body. The abdomen appears prominent due in great part to the large size of the liver.

The *skin* varies somewhat in appearance. It is usually soft and wrinkled, of transparent aspect, and lacking in its normal subcutaneous deposit of fat. The hairy deposit—lanugo—may still be more or less present. The nails will probably be imperfectly developed. Often there is distinct discolouration of the skin.

The sweat-glands are usually in abeyance.

The *pulse* is generally somewhat quicker than in an infant at term.

The *respirations* tend to be shallow, and irregular in time and force. Breathing in a premature infant is bronchial rather than pulmonary, for the lungs are usually very imperfectly expanded. Hence in many of these cases there is often more or less cyanosis which may continue for a considerable period. Such a baby even when appearing to be doing fairly well may have an attack of difficult breathing, and die suddenly.

It is necessary to remember that the gastric capacity is usually distinctly less than in the normal infant, hence a smaller quantity of food must be given at a time.

The intestinal discharge—the meconium—is similar to that seen in a full-time infant.

In a premature babe not only may there be a lack of anatomical completion in the development of the body—this is particularly the case in regard to the heart and lungs—but nearly all the physiological processes are

as yet imperfectly established. This makes the matter of feeding one of considerable delicacy and difficulty.

The baby has a wizened senile appearance. The clock of life is not fully wound up. It lies torpid, with closed eyes, in a somnolent condition, making but little effort to move its puny limbs, and only uttering a feeble cry sometimes little better than the mew of a kitten. It may be powerless to suck, and will probably have difficulty in swallowing. It is very sensitive to cold; its surface quickly cools, and its temperature readily falls.

In short, all the signs and symptoms manifested by the premature infant point to a low level of vitality.

We must remember that the imperfect weakling, the immature infant, may be just as much loved and valued as those more fortunate. Its life, moreover, may be of the utmost importance as heir to wealth and rank.

(To be continued.)

A National Bureau for the Study of Sleeping Sickness.

We welcome the news now officially announced in the House of Commons, that a National Bureau is to be established for the study of sleeping sickness. Much scientific attention has been directed to the causes of this disease, and an advance has been made in removing infected cases from the shores of the Victoria Nyanza, so that the *Glossina palpalis*—the variety of tsetse fly which is believed to convey the disease, and which haunts the vicinity of the lake, may not have the opportunity of feeding on infected persons, and so contracting fresh infection. But no means have so far been discovered whereby those already infected may be cured. They appear to be condemned to a life of increasing misery and suffering until released by death. It is, therefore, but an act of humanity that the Bureau should be established, and supported by grants from the British and Sudanese Governments, so that, if possible, a remedy may be found for a disease which threatens to exterminate the native races of Central Africa. We hope that success may attend the efforts of the Committee, and a remedy for sleeping sickness be discovered. A Convention has also been concluded between Germany and Great Britain in order to cope with the disease, both in Uganda and Central Africa.

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