

Defective Infants.

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A LECTURE DELIVERED AT THE INFANTS HOSPITAL, WESTMINSTER, S.W.

In former lectures we considered two groups of weaklings, (1) the Premature and (2) the Immature. To-day we have to discuss a different class—the Defective Infants.

Several important groups of infants are included in this class, and in the course of an hour's lecture it is only possible to give the barest outline. The whole subject is an immense one, and in regard to much concerning it we are in a position of ignorance. Comparatively little can be done to better the lot of many defective infants. I shall confine my remarks to those infants who are faulty, imperfect, deficient in their make-up, the babies of whom it is said they are "wanting" or "lacking," terms which signify incompleteness, inadequacy, insufficiency. The little human temple is unfinished, unfurnished, or imperfectly equipped.

1. Generally speaking, defectiveness is dependent upon (a) arrest, (b) excess, or (c) perversion in the developmental processes occurring during intra-uterine life.

An instance of arrested development is afforded by cases of hare-lip and cleft palate. Excess in development is manifest in the occurrence of additional fingers or toes. Perverted development is seen in cases which sometimes occur of the transposition of organs, where for example the heart is situated on the right instead of the left side.

2. It must be borne in mind that sometimes defects appear to arise in connection with injuries or disorders caused mechanically during the process of birth, or from damage done to the brain and other structures about the time of birth.

3. In some instances defects which really existed before birth are not made manifest until a later period. Thus, the brain of the newborn child may be deficient in intellect or in the capacity for moral development, but such defects are not at once apparent. To deal with all the numerous varieties of defects which may be met with in infancy would require very many lectures, and to explain the causation of these different deficiencies would demand a thorough explanation of the normal processes of development. It would be necessary also to trace the previous history of both

parents in the case of each individual infant, and to consider also the conditions of the germinal period and of embryonic growth up to the time of birth. In all these stages maldevelopment may occur.

To attempt any systematic or complete presentation of the subject in the limited time at our disposal would be altogether futile.

As the main purpose of these lectures is to assist you in the practical conduct of your professional work as nurses, I propose to restrict our study of the defects encountered in infancy to those you are likely to meet with in the course of your duties.

Although you may be able to do little or nothing to prevent the greater number of these defects, yet by early recognition and prompt attention you may often do something to prevent their increase, or, at all events, to stay some of the most serious consequences resulting from these deficient states. In some cases you may be of great service in directing the mother concerning measures for the rectification or improvement of the morbid condition producing the defect.

I do not wish to dwell upon defects dependent upon injuries sustained at birth. It would be best to leave these to be dealt with in a subsequent lecture, when we shall hope to take up the important subject of the disorders incident to birth.

Most of the defective conditions we shall have to consider will be of the nature of developmental defects.

THE EXAMINATION OF THE NEW-BORN CHILD.

Let me at once insist upon the importance of a thorough examination of the infant. This can be accomplished with rapidity, tenderly, without undue exposure, and yet thoroughly. The safe, speedy, and sympathetic handling of an infant is an art which I trust all of you have acquired. Do not let your examination be hasty and haphazard. Be systematic. Be thorough. Keep your eyes open and have all your wits about you. After inspecting and examining the child, you should be prepared to write a report or stand an oral examination on what you have observed.

When making your examination you should protect the child, which should be stripped and placed in a position for unrestricted movement. In many weaklings one part at a time should be exposed and examined.

The Head.—Note any abnormality of shape or size, feel the fontanelles and sutures, observe the direction of the eyes, the presence of hare-lip or cleft palate or an unduly arched palate.

The Neck, Trunk, and Extremities.—

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