

Defective Infants.

By T. N. KELYNACK, M.D., M.R.C.P.,
Hon. Physician to the Infants' Hospital;
Medical Adviser to the National Children's
Home and Orphanage.

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 HOSPITAL, WESTMINSTER, S.W.

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MENTAL DEFICIENCY.

Mentally deficient infants may be grouped into three chief divisions.

1. Failure of development in those in whom the deficiency is primary or hereditary. In the cases belonging to this group the deficiency is dependent on developmental or prenatal influences, and usually dates back to an early period of intra-uterine life.

2. Arrest of development. Cases in whom the arrest is due to injury or disease.

3. Apparent development for a time, then gradual degeneration and decay. In these cases the infant is born apparently healthy, but instead of following the natural course of the upward line of growth there is arrest in life's unfolding, gradual degeneration, and ultimate decay. The process of development carries the child up to a certain period, but in the imperfect human bud there is no power for flower and fruit.

The student of these cases of mentally defective infants is confronted with various and many difficulties. Stigmata are often present, but do not of necessity always indicate mental deficiency.

In many cases physical stigmata are present without the mind being affected. Thus the anatomical conditions of the head and face may suggest that the child is imperfect in mind, and yet the intellect may later in life prove to be good. Cases are on record of persons bearing physical stigmata who have held important positions in the world. Some must, however, be regarded as freaks and geniuses.

Among some there are no physical stigmata, the physical development may be fairly perfect yet the children may be mentally deficient or abnormal.

A further group is characterised by very slow development. There is probably in these cases nutritional derangement, and the development of body and mind is thus long delayed, yet eventually these children may pick up sufficient to fill useful positions in life.

The causation of these anomalies is a very wide and difficult subject, full of problems and perplexities. There are many ancient super-

stitutions in regard to physical stigmata, and of recent years much has been written in regard to maternal impressions. Paternal as well as maternal influences must be reckoned with, and alcohol and syphilis play an important part.

STIGMATA.

The stigmata indicative of mental poverty include both physical marks or blemishes and defects of character. The principal are:—

Anatomical or Structural Stigmata.

It is important that nurses should study, and endeavour to recognise, the principal stigmata which may be evident in these little immature human units. They include abnormalities of the head, which may be too large or too small, the face may be asymmetrical, there may be deformities of the palate (such as an elevated or imperfect arch, or a distinct cleft), abnormalities of the tongue, lips, and nose (*e.g.*, hare lip and flat nose).

Again, there may be abnormalities in connection with the eyes, such as strabismus, asymmetry of the pupils, congenital cataract; and abnormalities of the ears, which are often large and prominent, lacking in proper formation of the helix, and sometimes closely resembling the ears of a lower type of animal.

There may also be deformities of the limbs, *e.g.*, the fingers may be fused or webbed.

Among abnormalities of the trunk may be mentioned herniæ, malformations of the breasts, and spina bifida. Giantism and dwarfism also represent abnormal conditions.

Abnormalities also not infrequently occur in connection with the genital organs, and the skin.

Physiological or Functional Stigmata.

Functional stigmata are those which become manifest in the actual working of the human organism. Thus there may be motor impairment, indicated by tremors, nystagmus, or paralysis. Abnormalities of the sensory functions, dimness of vision or actual blindness. Abnormalities of speech and sometimes hearing, as in the case of deaf mutes.

Psychical Stigmata.

Psychical stigmata may hardly be noticeable in an infant, but a keen observer may see evidences of mental enfeeblement, moral delinquency, and eccentricity at a comparatively early period in the life of a child.

Some special groups of abnormalities demand attention.

Micro-Cephalic Defectives.

The infants classed in this group are characterised by the smallness of their heads. They subsequently often prove to be idiots and imbeciles. If the measurements of an-

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