

life, is one to which some infants seem slow and unwilling to adapt themselves. This is particularly the case with regard to respiration. Certainly the change from placental to pulmonary respiration is a great one, and it is no wonder that there should often be a hesitation during the transition period.

Fortunately, however, the infant is peculiarly tolerant of a venous condition of its blood. Note however:

1. An infant may die before its birth from asphyxiation.

2. It may be born asphyxiated, and fail to improve.

3. After birth asphyxia may develop through failure to properly establish or adequately maintain pulmonary respiration. Prompt action is necessary in such cases in the following directions:—

1. Removal of all obstructing causes, such as pressure on the thorax or mucus in the air passages.

2. Stimulation of the respiratory organs by slapping, or possibly under medical direction by electricity.

3. Inflation of the lungs or the production of artificial respiration.

DISTURBANCES DEPENDENT ON THE CHANGE FROM INTRA-UTERINE TO EXTRA-UTERINE LIFE.

Several disorders occasionally arise during life's great transition.

ALBUMINURIA.

The urine of many newly-born infants contains albumen. This is not to be considered an evidence of serious kidney trouble. It is usually but a temporary condition, and disappears after a few days.

MAMMARY SECRETION OF THE NEWBORN.

It is an interesting fact that there is not unfrequently a secretion of milk in the breasts of the newborn child (sometimes colloquially known as "witches' milk"). It is a question whether the cause is some form of pregnancy reaction, but the phenomenon is often very distinct. It usually reaches a maximum on the ninth day, but may continue for some time. It is important that it should be recognised as a physiological state. Many foolish ideas in regard to the condition are extant, and mismanagement may result in injury to the breasts, infection by septic organisms, mastitis, and other troubles. If left to nature the condition usually subsides. Warm cotton wool lightly applied over the part affected sometimes relieves the condition.

HÆMORRHAGES IN THE NEWBORN.

Within a short time of birth, some infants manifest a tendency to bleed, either from the nose, stomach, or intestines, kidneys, or

vagina. Blood may ooze from the navel. Hæmorrhages may also appear in the skin (ecchymoses). We are in considerable doubt as regards the precise causation of this condition. Some are, no doubt, inherited "bleeders." Others, however, are syphilitic infants. Sometimes the occurrence of hæmorrhages is associated with septic conditions.

ICTERUS NEONATORUM.

A pronounced jaundice not infrequently appears in infants of a day or two old, and often excites alarm.

In some instances it is a sign of serious disease—septicæmia or pyæmia, acute fatty degeneration, or the epidemic disease described by Winckel.

It may also be dependent on some congenital obstruction or intra-uterine affection which has involved the common or hepatic duct.

The common form of jaundice in the newly born (icterus neonatorum) usually passes off in a few days, and is not associated with other evidences of disorder.

DISEASES OF THE NAVEL.

A whole lecture could be devoted to the discussion of diseases of the navel.

Normally the remains of the umbilical cord shrivels up and drops off by or before the fifth day after birth, and by the tenth or twelfth day a dry and firm scar should be marked.

This natural course is sometimes interfered with:

1. "An umbilical polypus," as it is called, may result, appearing as a small red projection, often with slight discharge.

2. A fistula may remain at the umbilicus through which urine escapes (navel urachus fistulæ).

3. Umbilical excoriation is not uncommon, but soon improves with proper care.

4. Sometimes a membranous exudation appears, and may even be of a diphtheritic nature.

5. Simple ulceration occasionally develops.

6. Umbilical infection in the past used to give rise to much trouble and serious loss of life.

INFECTIOUS DISEASES OF THE NEWBORN.

The newborn from its very entrance into the world has to run the risks of invasion by numberless organisms—infective germs as we popularly call them.

The surest way to protect the human citadel from the attacks of these invaders is:

1. To maintain at their maximum the natural powers of resistance.

2. To safeguard all possible channels whereby infective germs may gain entrance.

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