

The Midwife.

INFANTILE SCURVY.

Dr. Eric Pritchard, M.A., M.D., Oxon., Senior Assistant Physician to the Queen's Hospital for Children, in a recent issue of the *Lancet* published the notes of two unusual cases of infantile scurvy which are of much interest, and which we publish below.

CASE I.

On March 27th, 1912, I saw, in consultation with Dr. E. C. Gimson, of Witham, Essex, a female baby aged nine months. The infant had made satisfactory progress until fourteen days previously, when a slight feverish attack supervened, which at the time was ascribed to the cutting of a tooth. The condition, however, did not improve, and the child became obviously ill, with a running temperature ranging between 100° and 101° F., quick breathing, and a rapid pulse. The striking feature of the case, however, was the development of a generalised œdema, which gave the infant a very puffy and bloated appearance; in the words of the mother, the child "grew larger and larger every day." This condition naturally gave rise to a suspicion of some involvement of the kidney, but the urine, which had been collected and examined before my arrival, showed no trace of albumin or other abnormality.

When I saw the infant on March 27th she was evidently in a serious condition; the respiration rate was about 90, the temperature 101°, and the whole body enormously swollen and œdematous in appearance. There was little or no tenderness of the limbs, only slight sponginess of the gums, and no indications of hæmorrhage from the kidneys, bowels, or other organ in the body, and beyond rapidity of action no abnormality could be detected in the lungs or heart. The reflexes were slightly sluggish, and the infant lay in a distinctly lethargic condition. From a review of the method of feeding I felt convinced that this was an abnormal case of scorbutus, and so subsequent events clearly proved, for although on the following day the infant had hæmorrhage from the bowel, subsidence of the œdema and recovery from the other symptoms took place almost miraculously under anti-scorbutic treatment.

The interest of this case lies in the extensive development of the œdema from which no part of the body seemed exempt. When I saw her the infant had a pallid, waxy appearance, which I was told was in striking contrast to the healthy, pink colour of the skin of some days before. Another peculiarity of the œdema was that, although it looked as if it would easily pit on pressure, it was practically impossible to obtain a permanent indentation with the fingers, no

matter how deeply they were inserted into the skin. I have several times noticed this same characteristic with œdema in scurvy, but I have never seen so extensive a case before, nor one in which the absence of pitting was so marked.

CASE II.

The second case was referred to me by Mr. R. G. Dainty, resident medical officer at the St. Marylebone General Dispensary. The history of the case was as follows. On March 30th of this year an infant, aged ten months, fell from a mail cart on to a mat on the floor; it did not appear at the time to be seriously injured, but the same evening a swelling gradually appeared on the side of the head on which it had fallen. On the following day the infant was examined by Mr. Dainty, who at the time did not detect any serious symptoms beyond the swelling on the head which had now attained to considerable proportions. When, however, a few days later the swelling had increased rather than decreased in size, and the child seemed lethargic and disinclined to move, Mr. Dainty decided to ask my opinion as to whether I thought that the hæmatoma of the scalp could in any way be associated with intracranial pressure.

On examination I could find no evidence of cerebral pressure, but on inquiry I discovered that the infant had not been well for some days before the accident. The child had been lethargic, disinclined to move, had had no appetite, and seemed generally indisposed. The method of feeding again was not without its significance. I found that there was general tenderness over all the limbs, and evidently strong aversion to being moved or otherwise disturbed. The gums were spongy and of a purple colour. I therefore prescribed an antiscorbutic diet of orange-juice, raw meat-juice, egg water, and milk, and strongly advised against aspiration or other interference with the hæmatoma of the scalp, which by the time of my examination had assumed an enormous size. The general condition of the infant rapidly improved under this treatment, and at the end of ten days it had practically returned to normal health and showed an increase in weight of over 18 oz.

As both cases are attributed by Dr. Pritchard to the method of feeding, and both infants had only just reached the age when breast feeding is normally discontinued, midwives may deduce the lesson of the necessity of imposing upon mothers who come under their care the importance of breast feeding, and of careful dieting while they are undertaking this duty, and secondly, if breast feeding is an impossibility, the care which should be taken in the selection of the method of substitute feeding adopted, and in every detail of its application.

[previous page](#)

[next page](#)