

THE AMOUNT OF WATER REQUIRED BY AN INFANT.

Dr. Meyer calls attention in a contemporary to the fact that from 66 to 68 per cent. of an infant's weight is water; and that, in proportion to weight, the infant requires four times as much water as an adult. He carried out a series of experiments on infants under three months of age, giving them a diet of concentrated milk with sufficient caloric value but insufficient water. He gives tables showing the loss of weight in these cases, and the gains where water was added, also tables showing the nitrogen metabolism.

MEDICINAL DOSES FOR INFANTS.

The *Journal of the American Medical Association* states that there is no rule that can be followed safely in enough cases to justify calling it a "rule," the exceptions for various reasons will be so many. Cotton well says that the great error in the treatment of infants is the too common habit of regarding the infant as a miniature edition of the adult. The quantity of a certain medicinal preparation required to produce certain effects on an infant cannot be calculated properly by basing that calculation on the effect of the same preparation on an adult. Consequently, the initial dose, to a certain extent, must be experimental, and not to be calculated by a formula. It is necessary, therefore, to follow these precautions:

1. Begin with small doses unless you are acquainted with the patient's tolerance.
2. Repeat the dose at short intervals.
3. Give one preparation at a time, or accompanied by as few synergists as possible.
4. Keep in mind the fact that infants take up and eliminate drugs very rapidly, as a rule, unless there is present some catarrhal condition of the gastro-intestinal tract.

After all this is said, however, there is still need of a starting point for the dosage computation, and Young's rule for doses for children (which is given in most of the text-books on *materia medica*) may assist. It is as follows: Divide the adult dose by a divisor secured thus: Add 12 to the age in years and divide by the age. For example: the adult dose is one teaspoonful; the child's age is 3 years; 3 plus 12 equal 15; 15 divided by 3 equals 5; the dose is therefore one-fifth of a teaspoonful. Thus also the dose for an average, normal child of one year might be computed as one-thirteenth of the adult dose. This one-year-old dose, in turn, can be taken as a basis for fractional division according to the weight, vigour and susceptibility of the baby, which factors are to be appreciated at their full value. Furthermore, it should be remembered that infants show marked idiosyncrasies toward some preparations and increased tolerance for others. In the former class are included opium and its preparations, and in the latter may be included calomel, arsenic and belladonna.

THE PILOT OF PEOPLES.

Dr. C. W. Saleeby, in an interesting article entitled "The House of Life" in the *Pall Mall Gazette*, referring to Dr. Newsholme's second report on infant and child mortality, which has been "presented to both Houses of Parliament by command of His Majesty," writes, "The Houses of Parliament are distinctly in luck, for not often can they be presented with anything of more value. . . . Its main purport is to confirm and demonstrate on the amplest scale the truth that with a low and falling infant mortality there goes a low and falling mortality among the surviving child population up to any age to which it can be traced. This, as I pointed out at the doctors' discussion on eugenics at Brighton last week, is the answer to the evil rubbish which has been printed in the name of divine eugenics, to the effect that the slum improves the race by weeding out the worthless. The advocates of this theory should have been born in slums, and had they been mercifully spared to us, which is unlikely, would speak otherwise. Recent inquiries, made for the purpose of finding the facts—made, not in the suburban or academic armchair, but in the slum and the school—have shown the truth repeated here for a decade: that the causes which kill one infant damage several for life. On Saturday I saw Their Majesties drive past the Oval to open a noble hospital; but they also drove past hosts of children of both sexes who have escaped maimed from the slum and the dirty home, and who will duly throng the gates of that hospital in years to come. And though Listerian surgery can make four compound fractures in two knock-knees and set them straight, there is a more excellent way, which is to permit no rickets within our shores. Now, rickets is solely nutritional, preventable with ridiculous ease and cheapness, and is *never* inherited.

"Thirdly, the administration of maternity benefit has come up for discussion. In nearly a score of long articles on the Insurance Bill, printed here two years ago, and upon hundreds of platforms up and down the country, I have successively predicted and asserted that maternity benefit would be and had become very frequently a publicans' benefit. This is so. We were promised that the mother would get the benefit, in money or in kind. The Act says it 'shall be regarded as a benefit for the husband.' . . . Though I have been quoted as exaggerating and speaking at random, maternity benefit has been and is being abused. Extreme instances, such as that lately reported, where the baby was the only sober person in the room, are not infrequent. A loss of part of the benefit occurs repeatedly. Oftener still, it is not wisely spent. The man who, being dunned, writes to tell his creditor that he shall be paid in a fortnight, when a baby is expected, is a fact, as I know. Mr. Masterman says there have been a few cases of abuse. There have been hosts and hosts; and I have yet to hear of a prosecution under the Act, though there may have been such."

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