The Midwife.

NUTRITIONAL DISORDERS.

The sixth lecture of the Advanced Course of Infant Care was delivered on February 28th at the Royal Society of Medicine by H. C. Cameron, Esq., M.A., M.D., M.R.C.P. His subject was "The Study of Nutritional Disorders in Infants and Young Children." The lecturer began by comparing the work of the Infant Welfare Centres with that done in the Children's Hospitals. The one was Preventative, and the other, so far as was possible, Curative. In the former the work was carried on in a fairly definite routine by lay help. It was important work, but dealt with healthy babies. When the infant falls sick, it crosses the line and it was a very dark country for medical explorers. The lecturer said he could draw no clearly-cut pictures, though he was aware that there were many books which dealt with the disorders of infancy as though it was a simple study.

If he were to define a healthy child, it would be one who was capable of keeping a steady weight, who throve on a diet of rational composition, and whose resistance to catarrhal infection was good.

There were a certain number of infants whose only sign of trouble was the failure to gain weight, there were no symptoms such as colic, vomiting or diarrhœa. When the weight showed a steady rise for three or four weeks, it would be a sign of complete stability. Where the weight chart was irregular and there existed the condition known as "weight disturbance," the infant was in a parlous condition. Weight disturbance had been known to persist for three months. Sooner or later more serious conditions would arise. The failure to gain weight in an infant was equivalent to loss of weight in an adult.

Dyspepsia was not absolutely confined to unsuitable feeding; if it were so the treatment would be much simpler.

Even among the very poor dyspepsia in the infant was not so frequently due to this cause. It often happened that two dozen children would be seen thriving upon a rational food, and one on the same diet would be dyspeptic. Probably this would be due to some catarrhal condition in this particular infant. Primary dyspepsia was often due to an excess of fat or sugar, the two conditions having different symptoms. This especially occurred where dried milk or condensed milk was used. These foods being highly concentrated, much would depend on the measure used and the amount of water added. Sugar dyspepsia was often seen in the children of the poor who used condensed milk, and would often make the mixture very strong, thus largely increasing the percentage of sugar.

It was much more common in the hot weather. This was a fermentative dyspepsia, sugar being a great heat producer. Infants under the age of eighteen months had no means of balancing heat formation, or of throwing off extra heat. They were also much more thirsty in the heat, and instead of water being given, they received more and more of the sugary composition.

But the majority of cases of dyspepsia were due to secondary causes though the catarrhal gastro-intestinal condition was apt to dominate the whole picture.

The only function that an infant had was that for taking food, and it was capable in the 24 hours of taking a 5th or 6th of its own weight, which was a terrific feat.

Dyspepsia which occurred in an obscured pyrexial attack would lead the mother to try various kinds of food, and the symptons subsiding led her to suppose that the improvement was due to the last food tried.

This he instanced in a breast-fed child that had pyrexial toxic disturbance; and on careful examination it was found that it had infantile paralysis of one leg. This was a permanent evidence of the cause. But often the causes were not evident, and had passed away before the doctor saw the child.

In one hundred cases of dyspepsia seen by the lecturer, 80 per cent. were suffering from catarrh in one place or another.

Respiratory catarrh seriously interferes with breast feeding, as the infant has constantly to leave go of the breast. Often the mother loses her milk in consequence, as the proper suction apparatus to keep the milk going was not properly applied. Broncho-pneumonia, conjunctivitis, middle ear disease, eczema, urticaria, were all catarrhal affections, and did not occur in a child whose diet suited it, but only in those whose powers of resistance is lowered. In a healthy child the skin and mucous membranes should be capable of resisting any amount of bacteria. One often saw a dirty, grubby little mortal, with filthy little nails which he stuffed in his mouth, perfectly healthy because he was fed on a suitable diet and maintaining his weight. The healthy child the lecturer considered should be able to take a whole milk diet, and if this had to be modified in case of sickness it should be re-introduced when weight stability was established. There were, of course, instances where infants remained intolerant of whole milk.

The lecturer threw on the screen some interesting specimens of weight, temperature, and food charts.

Dr. Pritchard's lecture will be given on March 6th, and that by Miss Florence Petty on the 13th, and not as previouly announced in the Syllabus.

previous page next page