

The Midwife.

ON THE CAUSES OF INABILITY TO SUCK IN THE NEWLY-BORN INFANT.

The translation of a very interesting article on the above subject, by Dr. Paul Balard, which appeared in a French contemporary has been published by *Maternity and Child Welfare*. Dr. Balard gives the result of his long experience in the obstetrical clinic at Bordeaux of new-born infants who do not take readily to the breast, and begins by saying that when, apart from malformations of the nipple, this capacity is delayed, impaired or abolished, the explanation is usually found in local lesions, or in a pathological condition of the infant.

LOCAL AND PATHOLOGICAL HINDRANCES.

"Locally there may be ulcers, an abnormally short frænum, facial paralysis, or a buccal malformation (hare-lip, perforated palate, or sublingual swelling) to account for the inability to suck. Sometimes the cause must be looked for in a general condition of debility in the child—indeed, it is a common complication of this condition, but as the child is able to swallow, nasal or spoon-feeding may be resorted to, the power to suck developing later.

Anorexia (absence of appetite) is another cause of such inability, frequently the result of incomplete elimination of meconium. In these cases it is necessary to administer a purge of castor oil, after which the movements of suction are generally spontaneously initiated. Occasionally an absolute anorexia is present, which suggests a cerebral abnormality.

Apart from these conditions, there are less well established causes of temporary or permanent inability to suck, among the causes of temporary difficulty being an abnormally low body temperature in the infant, and chloroform absorption by the mother; while permanent disability may be caused by incorrect or inco-ordinated movements of suction, in spite of perfect health in the infant.

There are a certain number of children, apparently in perfectly good health, who have no desire to suck; if the nipple or teat is actually placed in the mouth they either do not take hold of it at all, or else they release it after having taken an insignificant quantity of milk. Such cases are not infrequent after abnormally prolonged, or even after a normal labour, and are usually treated by mustard baths, or by friction, there being apparently no pathological condition involved; in any case, the ability to suck is only slightly delayed.

The author believes that this "sluggishness" is closely related to an abnormally low temperature in the new-born infant. In the first hours of extra-uterine life there is a lowering of temperature which is constant, and which may reach 35 deg.

Centigrade, without hindering physiological developments. This lowering of body temperature is accompanied by a correspondingly diminished frequency of pulse rate. When the temperature is lowered still further it involves more or less serious consequences, from generalised muscular atony, resulting locally in inability to suck, to the jaundice so often seen in winter. . . .

Obstetrical trauma, so frequently invoked as a cause in similar cases, seems to the author of comparatively slight significance in comparison with the harmful effect of chilling; and he states that in his practice the sucking disability was especially frequent when the room in which confinements had taken place was inadequately heated. . . .

INJURIOUS RESULTS OF CHLOROFORM ABSORPTION.

An equally potent cause in the opinion of the author is chloroform absorption by the mother. The passage of chloroform into the foetal circulation is to-day an incontrovertible fact, traces having been found in the body, the blood and the urine of the newly-born infant. The conclusions arrived at by Dutertre as to the comparative innocuousness to the foetus of the maternal absorption of chloroform are only accepted by the author with important reservations. He believes that chloroform has a direct bearing on the occurrence of icterus neonatorum (so far, presumably, as this is due to hæmolytic changes in the liver and other organs, and not to more serious lesions), and states that the condition is commonly found in infants delivered with forceps under chloroform anaesthesia."

LEGAL MATTERS.

On January 11th the circumstances attending the death in the Wellhouse Hospital, Barnet, of Miss Caroline Scarborough, a domestic servant, on December 25th, were investigated by Mr. T. Ottaway, Coroner, and a jury, and resulted in the committal of Mrs. Annie Klapproth, of 33, Phillimore Mews, Kensington, alias Nurse Phipps, described as a "Nurse-Masseuse," to the Herts Assizes on a charge of murder, and of Mr. Edmund James Pratt, a local tailor, of being an accessory.

The woman had been previously charged at the Marlborough Street Police Court with performing an illegal operation on the deceased at 169, Piccadilly, registered under the London County Council as an electrical massage establishment.

The jury found that the deceased died from syncope due to blood poisoning set up by an instrument, used on December 3rd by Nurse Phipps. They considered that the London County Council ought to have their attention drawn to this house in Piccadilly, as they were of opinion it was not used, as intended by the L.C.C., as an electrical massage establishment only.

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