

The Midwife.

NOTE ON EARLY PROGRESS OF AN INFANT OF ABNORMALLY SMALL WEIGHT.

The following very interesting case was contributed to the *Lancet*, September 10th, by F. Churchill Davidson, M.B., Ch. B. Edin., D.P.H. Oxon. :—

The following case is of interest in that the infant weighed only 22 oz. at birth.

Mrs. X., a multipara, aged 34, who had been married ten years, gave birth on July 4th, 1921, to a male child weighing 1 lb. 6 oz. Calculating from the date of the last menstrual period, period of gestation was 34 weeks; but taking into consideration both the possible margin of error of 3 weeks—corresponding to the length of menstrual interval—and the appearances of the child at birth, this gestation period appears to have been over-estimated, and it is most probable that the period was only 32 weeks.

Previous History.—1. Miscarriage at third month in 1911. 2. A female child was born February 10th, 1920, and lived for three days. Cause of death stated to have been "prematurity" (7 months). Both parents are apparently healthy.

Present History.—Labour was uncomplicated and completed in five and a half hours; normal head presentation.

Condition of Child at Birth.—The weight was 1 lb. 6 oz., and the length 15 in. The arms and legs were nearly equal in length; umbilicus was situated close above pubis; sex characters (male) were fully developed; skin was wrinkled and of bright flesh colour; eyebrows and eyelashes were developed and eyelids opened occasionally; there was dark hair on head and downy hair on body. The following herniæ were present: slight umbilical hernia, R. inguinal hernia, large L. scrotal hernia (latter reducible and retained by wool truss). Phimosis was also present and dorsal incision was made on July 12th.

Treatment.—The child was immediately covered with warm olive oil, wrapped in cotton-wool and placed in oven at temperature of 90 deg. F., until extemporised incubator was prepared. This latter consisted of a wicker basket with three hot-water bottles placed round the child. A temperature of 85 deg. was maintained, as recorded by bath thermometer placed between blankets beside child and checked from time to time. Hot bottles were refilled alternately.

Feeding.—For the first 48 hours the child was fed hourly with small quantities of a whey and cream mixture (3 oz. in 24 hours), and on third day feeding with breast milk was commenced. The child was laid to breast at feed times from birth as a routine although too weak to suckle. Immediately after the establishment of lactation

on third day breast pump was used and breast milk so withdrawn was given to child by pipette or spoon—a drachm every two hours for first few days—increased gradually in three weeks to six drachms every three hours.

Progress has been uninterrupted, as shown by the marked increase in weight. There has been no vomiting or diarrhoea since birth; stools have always been normal.

Weight.—At birth, 1 lb. 6 oz.; end of first week, not recorded; end of second week, 1 lb. 14 oz.; end of third week, 2 lb. 10 oz.; end of fourth week, 3 lb. ½ oz.

The whole case is interesting in that various authorities, including Budin of Paris, have stated that mortality of premature babies weighing under 3 lb. is 100 per cent., and also as emphasising the importance of breast feeding in premature babies. It is especially in the first few days of lactation that the child derives from mother's milk those immune bodies which are capable of protecting it against infections of all kinds.

BIRTH CONTROL.

G. P. Putnam's Sons, Ltd., 24, Bedford Street, W.C. 2, have published a full report of the proceedings at the Queen's Hall on Constructive Birth Control, a question of national importance.

The Hon. Secretary of the Malthusian League, founded in 1877 for Rational Birth Control, will be pleased to give information on the question.

A WONDERFUL CHILDREN'S HOSPITAL.

As described in *The Modern Hospital*, the Babies' and Children's Hospital of Cleveland, Ohio, U.S.A., is to be a marvellously perfect place, and amongst the Units of Division we find a Premature and Wet-Nurse Suite, Roof and Porch Wards (latter on north side for breeze effects in summer time, and on south side for sun effects in summer and winter), Milk Laboratory and Diet Kitchen, Steam Room and Operating Room for intubation and tracheotomy, Surgical and Operating Suite for cases needing special pediatric supervision—pyloric stenosis, harelip, and brain hæmorrhage. The fourth floor is devoted to infants, young children, premature infants, and wet nurses. The wet-nurse suite has been arranged for four wet nurses and consists of two bedrooms, one bath and toilet room, and one living-room. Adjoining is the premature suite of two rooms for three infants. Special ventilation, heating and moistening equipment will be installed in this suite.

We have great faith in wet nurses where a mother is unable to nurse her babe, and wonder why such a substitute has fallen out of fashion in the present day. We are thankful it was in vogue in our long-clothes days.

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