

OUR PRIZE COMPETITION.

SAY WHAT YOU KNOW ABOUT PREMATURE INFANTS. HOW A NURSERY FOR SUCH INFANTS SHOULD BE EQUIPPED IN HOSPITAL.

We have pleasure in awarding the prize this week to Miss A. M. Burns, Parkside Hospital, Hammersmith, W.6.

PRIZE PAPER.

Strictly speaking, a premature infant is one born before the fortieth week of pregnancy. It is not always necessary, however, to lay down different lines of treatment for an infant born after the thirty-sixth week than would be followed in the case of a full-time child; the deciding factors would be the child's weight and its ability to assimilate food. A child weighing about six pounds may be brought up on ordinary lines, but it will do better, probably, on two-hourly feeds than on feeds at longer intervals. The age at which a foetus becomes viable would appear to vary a little with individuals, but it is rare for an infant born before the twenty-eighth week of pregnancy to survive.

The premature infant, then, is red and skinny, and covered with lanugo. Its cry is feeble, it is slow to breathe and move, its sutures and fontanelles are unduly large. Its body quickly becomes chilled. Its power to suck is feeble or even absent. It dislikes the light. Its nails—finger and toe—may be undeveloped. Its length will be less than the twenty inches of a full-time child. In addition to its prematurity, the infant may also suffer from the cause which induced premature labour—*e.g.*, the taking of drugs by the mother, whether intended as abortifacients or not; syphilis, which accounts for many premature labours, besides miscarriages and abortions, may be present in the infant; loss of blood, as in placenta praevia, where pregnancy has had to be terminated abruptly to save the mother's life, may be adversely reflected in the child's condition.

Treatment.—The child must be fed at once and often. The condition in which it should still be living should be reproduced as nearly as possible—*i.e.*, warmth, quietness, perfectly regular feeding, and the minimum of handling. The child should be gently rubbed with olive oil in front of a good fire, and wrapped warmly in cotton wool from head to foot, and a separate piece of wool should be placed to receive the motions. A premature infant may not pass meconium for two or three days. The child should be placed in its cot, with a

well-protected hot-water bottle under the blanket at each side and one at the feet. These should be changed one at a time to keep the temperature even, not the whole removed cold and brought back to heat. A thin sheet should be used under light blankets, and the pillow should be very thin and covered with jaconette. The infant should only be removed from its cot when absolutely necessary. It should be laid first on one side and then the other; it is quite easy to make a premature child's face one-sided by neglect of this rule.

The cot must be protected from draughts by a screen with a sheet over the top. The room must be both well warmed and well ventilated. If there is no fire, a means of warming the air must be devised. Electric bulbs answer well for this purpose.

To Equip a Hospital Nursery.—I should like a ward heated by sets of hot-air or hot-water pipes, made to swing away from the wall on hinges. Round each set of pipes I should have fixtures for curtains—these to be pulled nearly all round—space enough inside for a cot and a chair for the nurse.

The nursery should also contain a glass trolley, holding swabs for eyes, bowls for eyes and buttocks, receivers, weighing-machine, wool and gamgee tissue, pipettes and catheters for saline injections, feeding-bottles, hot-water bottles, bowls for hand lotion, and a basin with hot and cold water. The medicine cupboard should contain: olive oil, vaseline, grey powders, eye-drops, and cord powder. A linen cupboard should also be supplied.

Personally we prefer the improvised incubator, our objections to the other type being that—

- (1) Electrically heated incubators are dependent on current and need a lot of supervision.
- (2) They are not usually well ventilated.
- (3) Heat is lost unevenly by the raising of the lid necessary when feeding.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Ramsey, S.R.N., Miss P. Thomson, Miss M. James, Miss Catherine.

QUESTION FOR NEXT WEEK.

State what you know of diphtheria anti-toxin: its preparation, doses, and the methods adopted in its use in the treatment of diphtheria; also state what is meant by Serum Sickness, its manifestations, and diagnosis from other conditions having similarity.

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