

ternal causes, falls, blows, or sudden "jerks"; and its existence may be terminated prematurely; if *before* the completion of seven months of utero-gestation, when it is called a *miscarriage*, the child cannot live; if the infant completes the period of eight months (lunar) of utero-gestation (commonly called *seven-months' children*) it is *premature birth*, and as respiration can then be supported, the child lives. And this fact marks the difference between viability and non-viability; in the latter case respiration may be established, but as it cannot be maintained the faint spark of life is doomed to extinction for the want of animal heat, which food alone cannot supply.

There is one point we must never lose sight of—that the prematurely born begin life at a great disadvantage in comparison with the full-born. They are two months short of the natural period of development, and we must bear this fact in mind during their baby life. It is a matter of common observation that our little patients do not begin to thrive until they have reached to their full age as it were—*i.e.*, *two months* after birth, and during this period, extra care and thoughtfulness are required to cherish the frail little life entrusted to our humanity and skill. In these cases a good wet Nurse is often highly desirable, because, in premature confinements, the milk secretion, though *temporarily* abundant, is not often *abiding*, and more often than not the milk flow does not suffice to nourish the infant, and bottle-feeding has to be resorted to when a wet Nurse is not obtained.

The signs and conditions that mark premature infants are matters of much interest in Obstetric Nursing, and we will give them a little of our attention. The first point that attracts our attention is the great difference in size and *weight* between the premature and the full-time infant, the *latter* being especially noticeable, and is due to the fact that fat is not fully developed until the last two months of foetal life. And this leads to a very important *condition* peculiar to the prematurely born—there is *not* sufficient fat formed to maintain the animal heat or temperature of the body; for though respiration can be supported, *artificial warmth* is absolutely necessary, and all those methods of doing so that I pointed out to you in previous papers are supremely requisite here. Not only must the cot be kept warm by artificial heat, but the greatest care must be taken to avoid *chills* during the bathing or changing of the infant; the bath only given *once*

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a day (in the morning) for the first two months; unless the weather be warm and summerly, the infant is better kept indoors for the same time; change, warm, and ventilate the day and night rooms, as I have mentioned elsewhere.

As well as smallness, we notice that the head is larger in proportion to the size of the body than in normal births, and the slender neck appears scarcely able to sustain its weight. The greatest care is required in supporting and handling the head. There is but little (if any) hair on it.

The lower extremities are not so fully developed as regards length and size as in infants at term; and I incline to the opinion that from this cause prematurity may affect *stature* in after life. In neither extremity is fat developed to any extent. The skin has a dark red hue from the transparency of the cuticle, over which there may be *vernix* found—scanty about the dorsal region, but thick under the axillas along the groins, and over the genitals; it is more difficult to remove than under ordinary conditions, and from the excessive tenderness of the skin great care must be used in clearing it off. Strictly follow out the instructions I gave you in my former paper on this subject. The nails on the fingers and toes are very soft, and have an indented appearance, though I do not consider these signs altogether diagnostic, as even in small feebly-developed full term infants the nails are not always perfect.

There is another diagnostic sign of much value, the position of the umbilical cord: at term it is in the *centre* of the abdomen; in prematurity lower down towards the pubis. I have never observed any difference in the cord itself, only its position varies according to the uterine age of the infant.

I have dwelt upon the viable age of prematurity, eight months of lunar gestation (commonly called seven-months' children), because in this case we have encouragement to hope that as our baby can live he will live; but I must again emphasise that this will largely depend upon *thoughtful* care. But at a non-viable age, before the completion of seven months of lunar gestation, we have no such hope, for if the infants are live-born, they do not live long, and we have only to tend them till they die; respiration cannot be supported, nor can food be digested. A few drops of brandy and milk can sometimes be swallowed, but more often than not it is ejected.

(To be continued.)

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