The Newborn


A 2-year-5-month-trial on a total of 33 infants with birth weights of 1-2 kg. was conducted to determine the effect of immediate feeding with undiluted breast milk on these infants.

All the babies were fed from birth, the immature and larger ones by indwelling polyvinyl feeding tubes which were fixed across the cheek with adhesive and were changed weekly. Undiluted breast milk was given throughout in the following amounts: 1st day 60 ml per kg. body weight, 2nd day, 90 ml kg., 3rd day, 120 ml kg. and 4th day, 150 ml kg. Most babies received their first tube-feed within 2 hours of birth (early-fed group) and the interval between was lengthened to 2 and then 3 hours. For very small or distressed infants hourly feeds were instituted and when necessary were continued for 4 days.

The results from the study were compared with the observations made during the same period on 45 babies at another hospital where they received feed 4 to 32 hours after delivery (later-fed group). Comparison with a third group of infants who were starved for 24 hours (late-fed group) was also made.

Blood-sugar estimations were done in the early-fed infants and serum-bilirubin in both early-fed and later-fed groups.

The study has revealed that early feeding can reduce hyperbilirubinaemia and largely eradicate symptomatic hypoglycaemia. Also it is known that shortening of the period taken to regain birth weight reduces a neurological sequelae. The early neonatal course of the infants were less complicated and their resistance to infection greater. Perinatal mortality for infants weighing 1-2 kg. at birth was lower in the single full year of the trial (1963) than in any year since 1952 when records were first available.


The current interest in brain tumours which are identified during the neonatal period or shortly thereafter is traceable in some degree to emphasis on the concept that ‘cell rests’ may be the cause of intracranial neoplasms observed in later
life. In line with this interest, three cases of brain tumour in early infancy observed are presented here and comparison is made in tabular form with those previously reported. The fact that the clinical manifestations of brain tumours in infants may mimic those of hydrocephalus, chronic subdural hematoma, or "cerebral palsy" adds to the importance of early recognition.

Brain tumours manifest within the first few months of life frequently mimic hydrocephalus, chronic subdural hematoma, or "cerebral palsy". Since some of these tumours are curable, one should include the possibility of such a lesion in the differential diagnosis of neurologic disturbance in young infants. One should not hesitate to perform contrast studies in an infant in whom a surgical lesion is suspected.

Three brain tumours which were manifest within the first two months of life are presented; these are combined in tabular form, for comparison, with those previously reported by others.

Internal Medicine


The authors describe nine children with the syndrome of acute hemolytic anemia with fragmentation of red cells, thrombocytopenia and acute renal disease. It is almost confined to the pediatric age group. Pallor was the prominent presenting feature in all the cases. Six had mild icterus as well. Only 2 older children had haemorrhagic manifestations such as purpura, petechial haemorrhages and epistaxis. Vomiting and diarrhoea are frequent symptoms in infants, leading to a wrong initial diagnosis of gastroenteritis. 50 per cent had fever up to 101°F. Respiratory infections were seen in three cases.

Laboratory findings included proteinuria (0.5-1.5 gm/100 ml.), red cells, W.B.Cs., granular and hyaline casts in urine. One child had haemoglobinuria. There was significant anemia, reticulocytosis (8-20%), polychromasia and erythroblastemia. A striking feature was the presence of burr and triangle-shaped red cells. Polymorphonuclear leucocytosis and thrombocytopenia was frequently seen. Serum bilirubin varied inversely with the level of haemoglobin and was unconjugated. All except one patient had azotemia; blood urea levels ranging from 160 to 378 mg/100 ml.

The renal lesions were variable. Endothelial proliferation, especially of the capsular cells, thrombi in the glomerular tufts and areas of cortical necrosis were frequently seen.

The etiology and pathogenesis are obscure but the probable basis of the syndrome is an antigen-antibody reaction. The hematologic manifestations were thought to be the result of the vascular lesions in some unexplained manner. The authors recommend hemodialysis if renal failure is persistent, and small packed cell transfusions. Steroids produce doubtful benefit.

R. K. CHANDRA.