the pulse was irregular, the rate being 110 and the blood pressure 150/90. Electrocardiography confirmed the presence of auricular fibrillation and also showed a minor degree of left axis deviation. This condition persisted for four weeks, with little apparent discomfort to the patient, and then reverted to normal rhythm after quinidine sulphate, 5 gr. (0.32 g.) four-hourly, had been given for four days.

One week later feelings of depression and mental tension had returned. The blood-pressure readings varied between the extremes noted above. Radiological examination of the chest failed to show any definite cardiac enlargement. The electrocardiogram was normal apart from slight left axis deviation. The blood urea was 24 mg. per 100 ml. and the renal clearance (van Slyke) was within normal limits.

In consequence of the mental deterioration, two further convulsions were given at an interval of a week, being preceded on the first occasion by $7\frac{1}{2}$ gr. (0.5 g.) of sodium amylal intravenously, which resulted in a fall of blood pressure from 230/130 to 150/100. For two minutes immediately following the clonic phase in this fit the pulse became irregular, a condition due apparently to premature beats, though electrocardiography was not available to confirm this. The blood pressure, after a transient rise to 180/100, remained within 2 or 3 mm. of 130/85 for 30 minutes afterwards. Oxygen was administered orally throughout.

In the second instance curarization was employed, 22 mg. of D-tubocurarine chloride preceded by $7\frac{1}{2}$ gr. of sodium amylal being given intravenously. A similar fall in blood pressure was noted, but no irregularity. An electrocardiogram taken one minute after the clonic phase showed the left axis deviation and also nodal rhythm for two beats. Other changes were of the type described by Kauntze and Parsons Smith (1948), among others, and consisted of an increase in the height of P_2 and T_2 and depression of the S-T segment in Lead II.

Further convulsive treatment has not been given owing to the improved mental state of the patient.

We wish to thank Dr. E. U. H. Pentreath, medical superintendent of the Pastures Hospital, Derby, for permission to report this case.

P. M. O'FLANAGAN, L.R.C.P.&S.I., D.P.M.
R. B. TAYLOR, M.R.C.S., L.R.C.P., D.P.M.

REFERENCE

Kauntze, R., and Smith, G. Parsons (1948). *Brit. Heart J.*, **10**, 57.

Survival of a 16-oz. Baby

Only a few cases are on record of the survival of babies weighing less than 2 lb. (0.9 kg.) at birth. In a survey of the available literature I have been able to trace only six such cases.

De Lee and Greenhill (1943) recorded the delivery of a viable child 182 days after conception, and Ronaldson (1943) one after 189 days. Hoffman, Greenhill, and Lundeen (1938) reported the survival of a baby weighing 26 oz. (0.74 kg.) at birth. Bush (1947) reported the survival of a female infant born at the 27th week and weighing 24 oz. (0.68 kg.) at birth. Browne (1942) quotes the combined weights of the Dionne quintuplets, who were all girls, as 13 lb. 6 oz. (6 kg.), thus giving the average weight of each child as just under 2 lb. 11 oz. (1.2 kg.).

CASE REPORT

A healthy woman aged 31 had her last regular period on June 20, 1948, and there was a slight loss towards the end of July, 1948. She attended the antenatal clinic of the Civil Hospital when four months pregnant. She was well built and nothing abnormal was detected. She was instructed to return to the clinic in a month's time, but failed to do so.

On January 29, 1949, she returned and complained of swelling of the feet and hands which had been present for three weeks. There was no anaemia, albumin was not detected in the urine, and the blood pressure was 130/80 mm. Hg. Palpa-

tion of the uterus revealed the presence of three small nodular fibroids, and the fundus was higher than one would expect for the stage of the pregnancy. The woman was admitted to the maternity ward of the Civil Hospital for rest and treatment. She was then 26 weeks pregnant by her date. The day after admission she began to have labour pains, and a female child presenting by the vertex was delivered normally at 7 p.m. on January 30. The third stage was normal and the placenta showed no abnormality. The puerperium was uneventful, and the patient was discharged home on the eleventh day after delivery.

THE CHILD

At birth the infant was very feeble and did not cry. The air passages were cleared with the mucus catheter, and after injecting 1 ml. of nikethamide into the vein of the umbilical cord respirations became well established. The child weighed 1 lb. (0.45 kg.).

As an incubator was not available on the island, the child was wrapped up in cotton-wool and placed in an ordinary cot lined with blankets. The cot was kept warm with hot-water bottles. During the first four days she was fed by pipette with 2 dr. (7 ml.) of glucose water hourly and she took her feeds well. On the third day her weight was still 1 lb. On the fifth to the tenth days she was fed every hour with 2 dr. of expressed breast milk, diluted with its own volume of glucose water. The supply of breast milk then ceased. On the 16th day she weighed 1 lb. 10 oz. (0.74 kg.) and began to give feeble cries.

Since the infant would not tolerate breast milk from other sources, she was given artificial milk. From the 15th to the 38th days the baby was fed two-hourly with 2 dr. of condensed milk diluted with an equal volume of water. She then weighed 2 lb. 12 oz. (1.25 kg.). She was put on dried milk, and has been kept on it since.

The child has progressed satisfactorily, and her weight five and a half months after birth was 6 lb. 12 oz. (3.06 kg.). She was then receiving 4 oz. (114 ml.) of reconstituted dried milk three-hourly, and only six feeds are given in 24 hours.

In addition to her feeds, from birth she was given thyroid. sic., 1/10 gr. (6.5 mg.) daily for 45 days, and dienoestrol, 0.5 mg. daily for 69 days.

The measurements of the infant when only a few days old were:

Distance from crown to heel		13 in. (33 cm.)
Circumference of head		11 in. (27.9 cm.)
Circumference of shoulders		7½ in. (19 cm.)
Distance from umbilicus to pubes		¾ in. (1.9 cm.)
Distance from xiphisternum to umbilicus		1½ in. (4.4 cm.)

X-ray examination of the foot on the 18th day after birth showed the presence of the ossification centres of the calcaneus and astragalus. The centres for the lower epiphysis of the femur and the upper epiphysis of the tibia had not appeared at that time. The femur was x-rayed again two months later (on the 81st day after birth) and the centre for the lower epiphysis was present.

I have not found any record of the survival of a child weighing less than 16 oz. at birth.

I wish to thank Dr. A. Rankine, Director of Medical Services, Mauritius, for permission to report this case, and Dr. Y. Cantin, medical superintendent, Civil Hospital, Mauritius, for his advice. Credit is due to Miss G. Davies, matron, Civil Hospital, for her tireless care and supervision and to the nurses of the Civil Hospital for their co-operation in the management of the infant. I would like to thank Mr. L. N. A. Planel, of Glaxo Laboratories Ltd., for supplying the milk powder and the vitamins.

H. FAKIM, M.R.C.S.,
Resident Medical Officer,
Civil Hospital, Mauritius.

REFERENCES

- Browne, F. J. (1942). *Antenatal and Postnatal Care*, p. 146, Churchill, London.
Bush, J. P. (1947). *Lancet*, **1**, 909.
De Lee, J. B., and Greenhill, J. P. (1943). *The Principles and Practice of Obstetrics*, pp. 41 and 96. Saunders, Philadelphia and London.
Hoffman, S. J., Greenhill, J. P., and Lundeen, E. C. (1938). Quoted by De Lee and Greenhill (1943).
Ronaldson (1943). Quoted by De Lee and Greenhill (1943).