

# A Case of Melaena Neanatorum

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The following case of melaena neanatorum may be of interest, after Dr. Horrax's case published in your issue of December:—

The child, a female, well formed, weighing nine pounds, was delivered without forceps, after a normal labour.

The mother, aged 36, is healthy, except for a history of furunculosis and a uterus with multiple fibroids.

This is her second child, the first being a healthy boy now three and a-half years old.

Immediately after birth the child was a good colour, but movements and cry were less marked than usual and the breathing seemed shallow. About an hour after birth the child became deeply cyanosed, the veins were distended, and the breathing sounded asthmatical.

I could get no mucus from the respiratory tract, but smart slapping with the child held up by the feet and hot and cold douches gradually wrought an improvement, and in twelve hours, with occasional relapses into a blue condition, the child became normal in colour.

There were no murmurs in the heart; later, after the melaena, a systolic murmur over the whole cardiac area developed, but disappeared in a few days, leaving the sounds clear.

Forty hours after birth the child had a small haematemesis followed by a small dark melaena, which had been preceded by several normal stools. A few hours after the first slight melaena there was a profuse dark one. The melaena was repeated four times during the next twenty-four hours and the child became anaemic and collapsed.

The stools in the next twenty-four hours gradually decreased in size and became normal in appearance. There has been no recurrence of the haemorrhage, and the

child, now twelve days old, is pale and has a pulse of 160, but is otherwise normal.

I first gave horse serum (antidiphtheritic, the only form I could get) by mouth, and then coagulose and normal horse serum when it came to hand. I also gave calcium lactate and liquor ferri perchloridi.

The child was able to take the breast, and, except when very collapsed, sucked well. While giving the serum I had some gelatin in 10 per cent. solution twice sterilised and injected 10 c.c.s. into the subcutaneous tissues of the back. According to Knopfmacher, Cautley, and other authorities, the best results follow the use of gelatin, and in this case the commencement of improvement coincided with the injection.

As to the cause in this case, I could eliminate spurious melaena from the mother's nipples or discharges, or from the child's nose or mouth. There was no demonstrable disease that could account for symptomatic melaena. There is no syphilitic taint in the parents. The father has a distant cousin who is a haemophiliac, but, owing to the child's sex, the early onset is of symptoms, the absence of other haemorrhages, and the absence of history on the mother's side, haemophilia is negatived. Sepsis, the probable cause of the haemorrhagic diathesis of the new-born, was not the cause, as there were no other symptoms of septicaemia, and, again, the onset was too early. There are no physical signs now of congenital heart or lung conditions.

There was no palpable tumour of the abdomen. Ulceration of the stomach or duodenum was possible, but I believe in this case the melaena was due to hyperaemia and stasis in the gastro-intestinal mucosa due to postpartum asphyxia, which was probably caused by inhalation of mucus or discharges.

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