

## The Midwife.

### GONORRHOEAL ARTHRITIS IN AN INFANT SHOWING NO PRIMARY LESION.

Although arthritis is no uncommon sequel to gonorrhoeal infection of the genito-urinary tract in adults, it is (says the *Lancet*) a rare complication of ophthalmia neonatorum. Still rarer is gonorrhoeal arthritis among infants in whom no primary lesion is demonstrated. Indeed, apart from Holt's and Finkelstein's cases, such a condition would seem to be hitherto scarcely recognised. Dr. Laimi Leidenius in a foreign exchange quoted by our contemporary, has recorded an example of this condition. A primipara, aged 34, had been well during pregnancy and earlier. Labour lasted twelve hours, and terminated normally without a digital exploration being made. On the third day of the puerperium a bacteriological examination of the lochia showed gonococci. The uterus was somewhat tender; and a temperature ranging from 98.6 deg. to 100.4 deg. F. in the axilla lasted for a couple of weeks during the puerperium. Directly after birth the male infant's eyes were subjected to the routine treatment with a 1 per cent. solution of silver nitrate. On the tenth day the right knee—which was flexed and not easily extended—showed a red, tender and fluctuating swelling. After the knee had been kept in splints for a day, during which the temperature was normal and the general condition satisfactory, the redness and fluctuation diminished. On the fourteenth day the knee again seemed normal, while the left elbow-joint was red, painful and swollen, and active and passive movements were much limited. Redness and swelling were also evident in front of the left ear. The rectal temperature, which had risen to 104 degs., fell in the evening of the same day to 98.6 degs. On the seventeenth day, the elbow-joint had improved; while the right knee showed a relapse, having again become red and swollen. Splints were re-applied, and for the following eight days, the temperature ranged between 98.6 degs. and 100.4 degs. On the twenty-second day, exploratory puncture of the knee, elbow and mandibular joints yielded a watery, greyish-yellow, purulent fluid containing numerous gonococci. The swellings slowly diminished and the general condition improved—the infant being discharged from hospital when six weeks old. The left mandibular joint was now normal, but the joints of the elbow and knee still showed some thickening and limitation of movement. During the six weeks' stay in hospital, the infant's weight had risen from 2350 to 2500 grammes. Six months post partum the elbow-joint appeared normal; and after another six months, the knee-joint also showed complete recovery. But the right femur

was slightly shorter than its fellow. During the infant's stay in hospital the examination of the secretion from the conjunctivæ, mouth and urethra, and of the mother's and infant's blood, was negative. When gonococci have been demonstrated in the blood of infants there has also been, as a rule, ophthalmia to account for their presence. Holt has recorded four cases of vulvo-vaginitis and urethritis in infants whose blood contained gonococci. He has also given an account of twenty-six cases of gonorrhoeal arthritis—in eighteen of which no gonococci could be found in the nose, urethra, or about the eyes. He thinks the primary lesion must have been in the mouth, for many of the infants suffered from stomatitis, and it is probable that the infection was carried from one mouth to the other by the nurses' fingers. Dr. Leidenius excludes the mouth as a source of infection in his case—for it was not washed by the attendants. He also excludes the conjunctivæ and urethra; but he is less certain about the mucous membrane of the nose. Here there was no sign of disease, but it is yet possible that the micro-organisms may have entered the body at this point, where an intact mucous membrane does not prevent the ingress of germs. Unfortunately the solution of silver nitrate was not applied to the nose, the secretion from which was not examined bacteriologically. If this explanation be correct, the case is probably unique, for when a generalised gonococcal infection has been accompanied by nasal infection this has been secondary to a primary conjunctivitis. Dr. Leidenius admits, however, that an intra-uterine infection may have occurred through the placenta; and that the infant's immunity during intra-uterine life may have been due to the presence of antibodies, formed in the maternal system and transmitted to the infant. When, however, the supply of these antibodies was cut off at birth, the infant may no longer have been able to combat the infection successfully, and arthritis ensued.

This case has many points of interest to nurses and midwives, notably the one that gonorrhoeal infection may unwittingly be conveyed by the nurse's finger from the mouth of one baby to another. The importance of the routine practice of washing a baby's mouth every time it is changed is rightly insisted on in midwifery training schools, the process being colloquially described as "topping and tailing." The prescribed ritual is to tuck the dry warm bath towel under the infant's chin, and round the body (over the clothing) and then with two small pieces of clean linen soaked in the water, which is afterwards used for washing the child, to cleanse first each nostril in turn, and then, with the second piece of linen wrapped round the index finger, to wash

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