

OUR PRIZE COMPETITION.

HOW MAY THE COURSE OF PREGNANCY BE AFFECTED WHEN THE MOTHER SUFFERS FROM SYPHILIS? WHAT ARE THE EFFECTS UPON THE CHILD, SUPPOSING IT IS BORN ALIVE WHEN THE MOTHER SUFFERS FROM (a) SYPHILIS, OR (b) GONORRHOEA?

We have pleasure in awarding the prize this week to Miss S. Simpson, McKernell Road, Peckham, S.E.

PRIZE PAPER.

Syphilis has a most injurious effect upon pregnancy. It does not merely confine itself to the mother, but is communicated to the foetus, which, if born alive, has a taint upon it which it is almost impossible to eradicate. Children affected with congenital syphilis may be stillborn. On the other hand, they may be apparently healthy at birth, or be born alive with well-marked signs of the disease. The skin may be peeling to such an extent that the nurse is astonished to find the child alive. Most infants affected with congenital syphilis show signs soon after birth, even if they are apparently healthy when born. They are usually puny, ill-nourished, with a shrivelled appearance, blue extremities, and a feeble, hoarse cry. The hair may be thick, coarse, and uneven, the so-called syphilitic wig, looking like the hair of a Japanese doll. The face soon assumes a troubled, weary expression, so that the child is described as looking like a "little old man."

Pemphigus may appear on the skin, particularly on the palms and soles, a number of isolated vesicles looking like small blisters, such as would be produced by sprinkling drops of boiling water on the skin, except that there is no area of redness surrounding the pemphigus vesicles, such as would be seen around blisters produced by scalding. Later on "snuffles" may appear, the infant's nose being blocked up by discharge, which runs down the upper lip, and causes excoriation. The child cannot breathe through the nose, and so has difficulty in sucking. Condylomata, small superficial sores, may appear round the anus, and cracks at the angles of the mouth. A rash may appear on the buttocks and back, more or less copper-coloured and extending higher up than the redness caused by wet napkins.

If the mother suffers from gonorrhoea during pregnancy, the child may be affected by ophthalmia neonatorum, leading, if unsuccessfully treated, to death in rare cases, or to partial or total loss of sight in one or both eyes.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss D. Vine, Miss E. Lett, Miss B. James, Miss C. M. Will.

QUESTION FOR NEXT WEEK.

Describe the nursing of a case of scarlet fever. What complications may occur, and how would you endeavour to guard against them?

THE HEALTH OF CHILDREN UNDER SCHOOL AGE.*

By DAVID FORSYTH, M.D., D.Sc., F.R.C.P.

One of the earliest and at the same time most disquieting results of State medical inspection of elementary school children in this country was the discovery of widespread physical deterioration among the entrants to the infant departments. The proportion of defective children varied from place to place, but, to take the most prevalent defect alone—namely, dental disease—the percentage in a number of typical areas, urban and rural, ranged from 52 to 99. This unexpected result could not fail to turn attention to the conditions of life of children under school age. To what was their deterioration due? Was it that they had been born with so poor a physique as to be able to offer but little resistance to disease? Or were the harmful influences post-natal? No systematic study, however, had been made of the child population during the first five years of life. Their condition up to one year of age was fairly well known by the work of the many "infant consultations" which aimed at lowering the infant mortality; but just as the Registrar-General's tables on infant mortality closed with the end of the first year, so these infant consultations kept their baby charges under observation only until their first birthday. After that little was known of them until they came as school entrants under the education authorities.

This was the position when the City of Westminster Health Society, with a view to testing the need and practicability of organizing a system of medical supervision of children under school age, opened a special inspection centre in January, 1912, which is still in active work. The society, relying in the first instance on the information received by the medical officer of health under the Notification of Births Act, gets into touch, by means of health visitors,

* Read at the National Conference on Infant Mortality, Liverpool, July, 1914.

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