

## The Midwife.

### VENEREAL DISEASES IN RELATION TO STILL BIRTH AND INFANT MORTALITY.

A lecture on venereal diseases in relation to still birth and infant mortality was given at 1, Wimpole Street, W., on Tuesday, October 19th, under the auspices of the National Association for the Prevention of Infant Mortality, by Dr. Eardley Holland. He said that venereal disease was a collective term applied to gonorrhœa, syphilis and soft sore. However, neither gonorrhœa nor soft sore had anything to do with still birth. Syphilis in women had this sad aspect, that not only did they suffer with it themselves, but they transmitted the disease to their offspring.

How far then was syphilis responsible for still birth? Statistics from the Johns Hopkins Hospital at Baltimore show that the percentage of death due to this disease is 26.4. These figures probably hold good in London. The lecturer pointed out that death certificates showing atrophy, debility and marasmus in most instances probably represented syphilis, and were so expressed by the practitioner out of regard to the parents' feelings. The deaths recorded as syphilis only represented a fraction of the disease.

It was easier to make a clinical examination of a living child than to determine whether or not the disease existed in a macerated foetus. This could only be done by means of microscopical examination of the organs.

The syphilis was acquired by means of a specific organism called the spirochæte pallida, and local infection—usually of the genitals. Lips may be infected through kissing; a doctor or nurse may be infected from attending a syphilitic patient, through a slight abrasion of the finger coming in contact with infected discharge or sweat. There are three stages in the disease, primary, secondary and tertiary.

Supposing a woman pregnant, how will syphilis affect the foetus?

It may die and a macerated foetus be expelled. It may come to full term and a living child be born with all the symptoms of the disease, which does not long survive birth. Or an apparently healthy full term child may be born which shows no symptoms of the disease till from three to six weeks, or it may be six years or longer.

Why such different results occur depends on the relation of the infection to conception. If the woman is infected at the time of conception a macerated foetus is the result. The same result will arise if she becomes infected in the early months of pregnancy. If a syphilitic woman becomes pregnant she may bear an apparently healthy child.

A Berlin doctor some years ago kept 134 syphilitic women under observation. They bore

569 children; 253 were born dead, 316 alive; of the 316, 253 developed syphilis, while 53 remained healthy.

Syphilis is the commonest cause of macerated foetus, about 50 per cent. being due to it. It is quite impossible to state the cause by merely looking at the foetus. Syphilitic changes are found at the ends of the long bone and in the liver and spleen.

Another suspicious point is a very heavy placenta, though by no means a conclusive one. The lecturer told of a woman who came under his observation who had given birth to a macerated foetus seven times in succession, and the cause had never been found out. She was given treatment and eighteen months afterwards gave birth to healthy twin children.

A feature of this disease is that in course of time it apparently wears itself out without treatment, and though the first three or four children are syphilitic, it may happen that the woman in time will bear healthy children, though she has never received treatment.

A great change of late has come over medical opinion as to the mode of transmission. It used to be held that the father could infect the ovum without infecting the mother. But research has proved that to be impossible. It is impossible to infect the ovum except through the mother. We now know that without a syphilitic mother there *cannot* be an infected child.

Dealing with inherited or congenital syphilis the lecturer said that at birth the infant might have all the signs of the disease, or be apparently healthy, but these children are all born with the germs in their bodies. Congenital syphilis is a more severe type of the disease than acquired, and frequently causes death: some children die in a few hours or days. The signs are many and are easily recognisable. The infant may be pale, anæmic, will lose weight, skin rashes will appear on palms of hands, soles of feet, and genitals, it may have catarrh of mucous membrane known as "snuffles," necrosis of bone—often of the nasal bones or perforation of the palate. The lecturer emphasised that this is an *absolutely curable disease*, but the treatment must begin early and last long. The two drugs for its cure are mercury and salvarsan. The question is how long the treatment should last, and when the patient is considered cured. The treatment must be continued regularly over a period of two years. When a patient is cured does not admit of a certain answer. This can only be decided by the Wassermann test.

It was pre-eminently the disease that could be treated by drugs and the results were brilliant. By treatment it was so easy to alter the whole face of things for a woman and her children. The great difficulty in dealing with the disease was that it was not known where it existed, and

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