

entirely free from syphilis, could give birth to syphilitic children.

The discovery of the Wassermann reaction and of the *spirochaeta pallida* has taught us that this view is wrong. Every woman who gives birth to a syphilitic foetus or infant gives a positive Wassermann reaction. This teaches us that such a woman herself has syphilis, although she has the disease in such a very mild form that she shows no signs of it. In fact, she has it in such a mild form that her only symptom is the birth of syphilitic children.

We now know that every woman who gives birth to a syphilitic infant is herself syphilitic: without syphilis of the mother there cannot be syphilis of the child. How is the child infected by the mother?

If a woman has syphilis, her blood and organs contain spirochaetes, and there is abundant opportunity for the developing ovum or foetus to be infected by the spirochaetes lying in the wall of the uterus or by spirochaetes passing through the placenta from the maternal to the foetal blood. In those cases where the mother acquires syphilis during pregnancy, it is obvious that the foetus is infected by the passage of spirochaetes through the placenta.

#### CONGENITAL SYPHILIS IN INFANTS.

So far as I have now gone, I have told you about the mode of infection of the foetus and about the dead-born syphilitic foetus. I have now to tell you something about the infants who are born alive, and who manifest the disease, either at the time of birth or at a more or less long interval after birth. When syphilis is thus transmitted to the offspring, we call it *congenital* or *inherited* syphilis. Such infants are always born with syphilis in so far as the germs of the disease are present in their blood and tissues; all cases of congenital syphilis are thus syphilitic from birth. But by no means all show signs of the disease at birth. By far the majority are born apparently healthy, and only show signs after an interval, which may vary from three weeks to three months. The signs of the disease may not even appear until the child has reached the age of puberty—"late congenital syphilis." Congenital syphilis resembles the acquired form, the chief difference being that the congenital form is a general infection from the beginning, and has no local lesion or chancre, like the acquired form. Congenital syphilis is a more severe disease than the acquired form; the tissues of the infant are not fully developed, and fall an easy prey to the poison; the mortality is therefore high, whereas death is extremely rare in the acquired form.

Some syphilitic infants die a few hours or a few days after birth. Such infants are poor, thin, and marasmic, with dry, wrinkled skin, and get attacks of cyanosis.

The signs of congenital syphilis are many, and nurses and midwives cannot be expected to know all of them. After you have seen a few cases, it is wonderful how quickly you will develop a cultivated instinct for spotting them. Most of them present an easily recognizable picture, and after you have seen a few cases, you will seldom fail to diagnose them. These characteristic signs may be enumerated briefly as follows:—

- (1) The infant becomes pale and anæmic.
- (2) It loses weight for no apparent reason.
- (3) Skin rashes appear. These affect the whole body, but show a special predilection for the soles and palms, the genitals and the anus. The rashes are of a brownish tint, and take the form of papules, pustules, blebs, or larger plaques.

- (4) Catarrh of the mucous membrane of the nose, giving rise to "snuffles."

- (5) Later signs, such as condylomata, especially around the anus, changes in the bones, leading to swellings at the joints or on the shafts of the long bones; necrosis of the nasal bones, leading to the characteristic sinking in of the bridge of the nose; perforation of the palate, and many others too numerous to mention.

(To be concluded.)

#### WE WELCOME A NEW LEAGUE.

The formation of Nurses' Leagues is one of the most vital movements in the nursing profession at the present day. We are glad to know that in June, 1914, the Matron of St. Bartholomew's Hospital, Rochester, was asked by former nurses to form a League of its certificated nurses. War broke out before a meeting could be called, and this has only now been arranged.

A meeting of trained nurses working in the hospital, with others who have gone out from its school into the world, was recently held at the hospital, when it was unanimously decided to form a League of St. Bartholomew's Hospital Rochester Nurses, and the Matron, Miss Pote Hunt, was elected President. The qualification for membership is the three years' certificate of the hospital. Copies of the Constitution and Bye-laws, with all information, may be obtained from the Hon. Secretary at the hospital.

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