

## SYPHILIS IN RELATION TO DEAD-BIRTH AND INFANT MORTALITY.

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### TREATMENT OF SYPHILIS.

The first thing I wish to impress on you is that syphilis is an absolutely curable disease, and may leave no harmful effects provided (1) treatment is commenced early enough, and (2) treatment is continued long enough. The two great drugs which cure syphilis are mercury, and that comparatively new remedy Salvarsan, or 606, or, as the newer form is called, Neo-salvarsan. I will not enter into the details of how these drugs are administered or what are their doses, but you will especially want to know two points: (1) How long must treatment be continued? and (2) How can you tell when a patient is cured?

Treatment must be continued regularly for two years; this is a most important point. Patients, especially ignorant ones, cannot understand why treatment should continue for so long; after perhaps three months of treatment, all symptoms disappear, and they are apt to imagine the disease has been stamped out. No belief could be more false; the germs of the disease are still lurking in their tissues, ready to become active and cause a renewed outbreak of symptoms, or transmit the disease to their children. This sort of patient is frequently met with in out-patient practice, where we often notice our patients disappear long before treatment is completed.

The question as to when a patient is cured does not admit of a simple answer. If a patient has had proper treatment for two years she may usually be considered cured. But nowadays we can make quite certain by testing the patient by the Wassermann reaction. If this reaction, repeatedly tried, remains negative, we are certain of the cure.

### SYPHILIS AND MARRIAGE.

You may often be asked the question as to whether a patient may ever marry after he or she has contracted syphilis. To this you may answer most definitely that such a patient may marry, without the least risk of transmitting the disease, provided the disease is thoroughly cured. Another most important question is how soon may a patient marry, or have children, after syphilis has been acquired. No one rule suits every case, but we shall be safe if we say that such a patient may marry at the end of three or four years, provided treatment

has been thorough, there has been absence of symptoms, and repeated Wassermann tests have been negative.

### DUTIES OF NURSES AND MIDWIVES.

Considering the enormous number of mothers who are attended in child-birth by midwives, and who never see a doctor, it is obvious that midwives have a most important part to play in the saving of child-life by an intelligent application of their knowledge of syphilis.

There is no doubt that midwives are not taught enough about syphilis. In the rules of the Central Midwives' Board it is stated that the midwife is expected to have "some knowledge of the local manifestations of venereal disease in its effects on the newly born," and that in the case of a pregnant woman she is to send for medical help when there is a "purulent discharge" or "sores on the genitals." This is obviously inadequate. In the examination of the C.M.B. the first question ever asked on the subject was one set by myself in 1913. There is no doubt that reforms in this matter are quickly coming, but in the meantime it is your duty to acquaint yourselves thoroughly with a knowledge of syphilis and its effects on child-birth. You must never make an independent diagnosis of syphilis. This is entirely the doctor's duty, and you would be wrong to attempt it. You must be prepared to act as the intermediary between patients and doctors, to send them for diagnosis and treatment, to warn them how long treatment will last, and to impress on them the seriousness of the disease and the danger of transmitting it to their children.

It is your duty to be ever watchful, and to report every suspicious case to a doctor. You must not only be watchful for symptoms of active syphilis, such as sores on the vulva and rashes, but must also be on the lookout for early signs of syphilis in the infant. Furthermore, you must regard every premature macerated foetus as syphilitic, unless you have good reason to believe that some other well-known cause has been responsible, such as albuminuria of pregnancy. You should be especially suspicious of the repeated birth of macerated foetuses. Every macerated foetus should be examined by an expert for evidence of syphilis. At present the means for doing this are inadequate, but the time may soon come when the authorities will organise the means for this. In the meantime, I can only advise you to do your best. Communicate with a doctor, or send the foetus to a hospital where you think the investigation will be carried out for the pure love of science.

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