

The symptoms are similar to those in adults, and the treatment is the same as that of congenital syphilis.

"*Congenital syphilis* is a common disease. Exactly how common it is we cannot tell. It is a common cause of miscarriage and, still birth; it is a common cause of death in infancy; it is a common cause of bodily and mental maiming for life. It is widespread, and its evil effects are incalculable. It is a possible condition which must never be lost sight of when dealing with children.

"By the term congenital here is understood ante-natal infection. Under what conditions of health of the parents does the unborn child become syphilitic? Can a syphilitic baby be born to a non-syphilitic mother? The practical answer to the latter question is, No. The mother of a syphilitic baby must be considered syphilitic. True, in many cases she never exhibits any symptoms, but at the same time Colles' Law holds true, that she may with impunity suckle her infant, while a wet nurse would be infected. She has acquired immunity, and though unproved, we are led to believe this immunity secondary to a form of infection in which the child is the main or sole sufferer. A syphilitic child may certainly be born to a healthy father. If both father and mother are syphilitic, the child is usually syphilitic. Most frequently the father is syphilitic and the mother apparently healthy, but very frequently both father and mother have shown symptoms of the disease. Less frequently the mother alone is syphilitic.

"The severity of the symptoms in the child does not depend upon the method of transmission of the infection. The important factor here is the stage of the disease in the parents. Generally speaking the more recent the parental infection, the more serious are the risks of transmission. Thus, if the acquisition of syphilis by the parent or parents is of some comparatively remote time, if the condition has been actively treated, if there are no present symptoms, the child is likely to escape infection. But if the mother or both parents have acquired syphilis but recently before the conception of the child, if they or if she suffer from active secondary symptoms at the time, the child is almost certain to be syphilitic. The mother may acquire syphilis after conception. If acquired in the last month or two of pregnancy, the child may escape infection; otherwise infection is practically certain."

All nurses should be acquainted with the symptoms of syphilis in an infant, both because they should at the earliest possible moment draw attention to them, so that they may be

treated, and also in order to be on guard themselves against infection. They cannot do better than master this chapter, which will give them a very clear insight into the characteristic symptoms and the treatment prescribed. We commend to attention the illustrations of children suffering from congenital syphilis, which, by the kindness of the author and publisher, appear on page 327.

RICKETS.

Another common disease is rickets.

"What are the symptoms of the condition?"

"The young baby is fretful. He sleeps badly, and, while sleeping, his head often is bathed in perspiration. He kicks about during sleep, and rolls the back of his head on the pillow. Why he rolls his head we do not definitely know. It may be it feels tender or uneasy. This, however, is a common symptom, and as a result of it the hair tends to be rubbed off the back of his head. When awake he seems disinclined to move. This also may be due to some tenderness, as likewise his disinclination to be moved about. He is frequently pale and flabby. Anæmia, however, is often not a marked symptom, and though he is always flabby, he may remain fat. If he has begun to walk before the disease became active, he gradually ceases to attempt to do so. In other cases attempts to walk are long delayed, as also are attempts to talk. He has no fever, nothing abnormal is detected in his urine, and his appetite is often good. The motions of his bowels are almost always very irregular. He suffers from constipation alternating with diarrhoea, and he almost invariably suffers from occasional attacks of bronchitis. Dentition is delayed. The teeth come irregularly, and often one by one, and though rickets appears to have no special effect in the development of caries of the primary teeth, it tends to favour caries of the secondary set.

"Examination of the baby shows that his head is large and square. During the first year the bones of the skull are soft and imperfectly ossified. The cranium in parts feels as thin as parchment, and this is specially noticeable in patches on the back of the head. This condition is known as *craniotabes*, and is especially marked in babies who suffer from congenital syphilis as well as rickets. During the second year the bones of the skull often show *bossing* on the frontal and parietal bones. The skull is square, and, with marked *bossing*, gives the impression of a 'hot-cross bun.' The anterior fontanelle is several—it may be many—months late in closing."

(To be concluded.)

[previous page](#)

[next page](#)