

OUR PRIZE COMPETITION.

(a) WHAT SYMPTOMS MAY BE FOUND IN AN INFANT SUFFERING FROM CONGENITAL SYPHILIS? (b) WHAT SYMPTOMS MAY DEVELOP IN A NEW-BORN INFANT IF THE MOTHER IS SUFFERING FROM GONORRHOEA?

We have pleasure in awarding the prize this week to Mrs. Farthing, Wem Poor Law Institution, Wem, Salop.

PRIZE PAPER.

(a) "Congenital syphilis" is often the cause of stillborn children, or the infant may be apparently healthy at birth, developing no symptoms until the third or sixth week, and often later. On the other hand, it may be born with well-developed signs. The principal symptoms are:—The face assumes a troubled, weary expression, like a little wizened old man or woman. The child is generally puny and weakly, extremities blue and cold, and it often sleeps badly. The skin is shrivelled up and muddy looking; the hair long, thick, and uneven, coarse and woolly (the so-called syphilitic wig). The nose is blocked up with an offensive discharge, which excoriates the upper lip as it runs down, and causes snuffles. Ulcers often form at the corners of the mouth, which leave radiating scars. Sometimes pemphigus appears, chiefly on the palms of the hands and soles of the feet (small, isolated vesicles), which look like the blisters caused by a shower of boiling water sprinkled over the limbs. "Condylomata" may appear (small superficial sores) around the anus and at the corners of the mouth. In older children notched teeth and keratitis (inflammation of the cornea), causing blurred eyes and dimness of vision, will probably be prominent features.

(b) If a mother is suffering from gonorrhœa, and great care is not exercised regarding asepsis, the infant's eyes may become infected, and it may be the primary cause of "ophthalmia neonatorum," which is most serious; as to this, many a blind woman or man may trace the cause of their affliction. In conclusion, I would like to add that it is every nurse's duty to acquaint her medical officer as soon as she sees any signs of this terrible disease, and to do all in her power to help him to eradicate the same. The little victims need the greatest care and tenderness in rearing them. Although one must train oneself never to kiss infants in the maternity wards, as this disease is most contagious, one must always bear in mind that they must not be looked upon with repulsion; it is not their fault, and generally they are most engaging in their little ways, and it is quite easy to gain their love and confidence.

It cannot be too urgently insisted upon, as is laid down in the rules of the Central Midwives' Board, that medical assistance must be at once secured if there is any inflammation of the eyes, "however slight."

Treatment should be begun, and vigorously continued, before any exudation, or pus, appears. In an institution it is easy to carry out instructions regularly night and day; in the homes of the poor, when the nurse or midwife only visits at intervals, it will tax all her ingenuity to secure the carrying out of the necessary treatment day and night, but any failure may result in the lifelong blindness of the child.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Robinson, Miss J. B. Simpson, Miss P. Thompson.

AIR BOMB POWDER.

PRECAUTIONS TO BE OBSERVED.

Dr. Sequeira, of the London Hospital, has issued for the guidance of the police the following rules which should be observed as precautions in handling, or after coming in contact with, the explosives (both solid substances and powder) found after recent air raids, and which may easily cause troublesome dermatitis, if care is not exercised:—

(1) The removal of the powder from surfaces is best effected by a weak alkaline solution. One teaspoonful of bicarbonate of soda to a quart of water. Brushes should be used wet with such solution for brushing or dusting surfaces covered with the powder. If the powder can be washed down with a hose, this would suffice. The powder should not be mixed with ordinary dust, as it might be sent to a destructor and possibly cause damage. The explosive should be mixed with earth and buried. Where much of the material has to be removed, it would be best to consult the military authorities on this point.

(2) It is better not to wear gloves to handle the powder, as the glove soon becomes penetrated with the powder, and the skin is more easily irritated. Moist rags are best employed to handle articles covered with the powder.

(3) If the skin of the hands is stained, an endeavour should be made to remove the stain at once with pumice stone and the soda solution. (One teaspoonful of bicarbonate of soda to a quart of water.)

(4) At the first sign of inflammation of the skin, *i.e.*, small swellings containing fluid, and irritation, a doctor should be consulted.

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