

### 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. M. E. E. Farthing, Poor Law Institution, Wem, Salop.

#### PRIZE PAPER.

##### (a) CONGENITAL SYPHILIS.

It is extremely necessary that nurses and midwives should realize the stern necessity for co-operating with their medical officers in helping to eradicate this dreadful disease by remembering that the earlier it is taken in hand, the better opportunity will the little one have of growing up healthy and able to fight life's battle; no effort is too great to make to rid the little victim of this cruel scourge, so cruelly thrust upon it. The chief symptoms are: In the premonitory stage the infant may be feverish, irritable, and restless, often sleeping badly, and suffering from digestive disturbances. It may be born without any symptoms at all, and suddenly, about the third or sixth week, or even later, develop symptoms. Or, on the other hand, the signs may be well marked; they are often seen first by the troubled, weary expression the face assumes, like a little, shrivelled-up, wizened, old person. It has a hoarse cry, is fretful, the skin is muddy-looking, and the long, thick, uneven hair is coarse and woolly, like that of a Japanese doll (the so-called syphilitic wig). The nose is blocked with offensive discharge, at first watery, later thick and objectionable, with an offensive smell, which excoriates the upper lip as it runs down, causing snuffles, and often making it a difficult task to nurse it, as the condition impedes sucking. Ulcers often form at the corners of the mouth, leaving radiating scars. Sometimes pemphigus appears, chiefly on the palms of the hands and soles of the feet (small isolated vesicles), looking like blisters caused by a shower of boiling water sprinkled over the limbs. Condylomata appear (small superficial sores) around the anus and at the corners of the mouth. The mucous membrane of the mouth often becomes red and hot, the gums swollen, and little patches inside the mouth, from which deep cuts emanate, spreading out of the corner of the mouth on to the cheek. In older children we get "notched teeth," keratitis (inflammation of the cornea) causing blurred eyes and dimness of vision.

##### (b) GONORRHOEA.

A mother suffering from gonorrhoea may cause infection to her infant's eyes; unless due care is carried out regarding aseptis, it may be the primary cause of ophthalmia neonatorum, which possibly might have been prevented had the mother used antiseptic douches, and so cleansed the vagina before the birth of the infant. It is advisable that midwives and nurses should impress on mothers the importance of confiding in them if there is any discharge, in which case they should at once follow the wise rule of the Central Midwives' Board to advise her to secure medical advice, so that proper antiseptic precautions may be used. If this were always done, many innocent little sufferers would be saved perhaps lifelong blindness. To neglect in these matters many blind men and women can justly attribute their blindness. The symptoms of ophthalmia neonatorum are: at first, slight discharge, which, if neglected, rapidly spreads over the entire surface of the eyes; the lids become red and swollen, and if this condition is not treated, the cornea has been known to become opaque and ulcerated, sometimes even perforated, and, the fluid of the eye escaping, causes a shrinkage of the eyeball and complete loss of sight. Again the rules of the Central Midwives' Board should be strictly adhered to—to cleanse the infant's eyes as soon as the head is born, before it has time to open them, if possible. It is wise to cover the hands after cleansing them, so that they cannot infect the eyes.

Another wise rule, to notify to the doctor "any inflammation of the eyes, however slight," and to commence treatment and vigorously keep it up, must never be forgotten; if these rules were always carried out, there would not be so many little ones wearing glasses. It always appears to me most wicked not to do all in our power to save the little ones from this sad affliction. In conclusion I would like to add that it is no fault of the child, that babies so afflicted are often cruelly sensitive, and need very tender handling. It is quite easy to win their love and confidence without undue fondling; kissing must never be practised in the maternity wards. And, above all, remember that great care must be practised antiseptically, as ophthalmia neonatorum is most contagious. The nurse should always wear rubber gloves when handling cases of both syphilis and ophthalmia neonatorum.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss O. M. Balderstone, Miss J. Evans, Miss M. Stacey, Miss G. Alder.

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