

OUR PRIZE COMPETITION.

WHAT ARE THE DANGERS OF SYPHILIS IN THE PREGNANT WOMAN, AND WHAT IS A NURSE'S DUTY IN SUCH A CASE?

We have pleasure in awarding the prize this week to Miss Alice M. Burns, the General Hospital, Birmingham.

PRIZE PAPER.

The dangers of syphilis in the pregnant woman are:—(1) miscarriage; (2) stillbirth; (3) an infected offspring; (4) lowered resistance to other diseases. The nurse's duty in such cases is (1) to acquaint a doctor, if one is not already in attendance; (2) to urge upon the patient the importance of going through with all treatment; (3) to observe rigid asepsis, that no other person becomes infected. The records of Venereal Disease Clinics make very enlightening reading to those privileged to see them, on the subject of miscarriage. When an infected person marries, the offspring is almost always syphilitic.

Typical records run thus:—Histories of pregnancies in wife: first, miscarriage; second miscarriage; third, stillborn; fourth, died in infancy; fifth, living; sixth, healthy.

Perhaps it is the pregnancy which results in a living but infected offspring which presents the greatest problem to the nation. Syphilis accounts for a large number of congenital idiots, who have to be supported, all their lives, to the burden of the healthy, and to the added burden of the scarcely efficient. It also accounts for a great number of cases of severe congenital deformity, of a degree that bars the victim from a self-supporting existence.

But also, the trouble may present itself in a form which will yield to treatment, and it is the nurse's duty to urge the patients to take the child to a specialist; or, if they be poor, to one of the Government centres for treating Venereal Disease that its condition may be tested, and treatment proceeded with without delay; and if it be handicapped by no abnormality at birth, there is no reason why the child should not grow up healthy. A six months' course of treatment is usually sufficient to bring about a negative Wasserman Reaction, and if the child has medical supervision for another 18 months, permanent cure is almost a certainty.

Neglect to persevere with treatment results in many serious evils. Congenital syphilis presents itself under many guises, e.g., Congenital idiocy, hydrocephalus, snuffles, mucous patches on mouth and scrotum, epiphinitis, interstitial keratitis, chancre or scars on lips and forehead, syphilitic dermatitis. Syphilitic babies usually become jaundiced, and food

intolerance accompanies this symptom, with resulting loss of weight. Rashes on the buttocks of young babies are nearly always of syphilitic origin.

A nurse should always urge on the expectant mother the supreme importance of attending regularly for treatment, so that, if at all possible, the child shall be born healthy at full time.

Should the mother still be infected at the time of her confinement, she will not be permitted to breast-feed her baby; and here all the troubles of artificial feeding may give the unfortunate infant a further set-back. A pregnant woman who is also syphilitic is also much more liable to all the ills of pregnancy as her resistance to disease is lowered. A nurse in attendance on such a woman should take care that everything the patient uses is disinfected and kept for that patient only, all linen, soiled with excretions, should be soaked in 1-40 Lysol before being sent to the laundry, and all personal linen should be treated in the same way, unless the means to stove it are at hand. All crockery should be boiled immediately after use for at least three minutes, as the saliva is highly infective, and the bed pan should be treated with antiseptic and kept specially for that patient's use. It sometimes happens to the nurse in private practice that she is called upon to nurse a case which she suspects of being complicated with syphilis, which has not been diagnosed as such; and in this case she must make her arrangements with much tact and foresight for her own protection and that of others. No nurse should touch a syphilitic patient with her bare hand, and should certainly wear rubber gloves when coming in contact with infected persons. She must never give her suspicions utterance, but should she be so unfortunate as to inadvertently acquire the disease, she should go at once to one of the Government centres, where, if blood infection has not taken place (and this is not the case when the sore first appears) she can be cured by a short course of treatment (usually 3 months). The primary sore always appears *at the point of contact with the seat of infection*. Thus we should only expect to find syphilis acquired in this way, manifest in the fingers of the nurse.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Whiteman, Miss M. James, Miss P. Thompson.

QUESTION FOR NEXT WEEK.

What complications would you watch for in nursing an aged patient with fracture of femur? Describe the nursing of such complications.

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