

# The Midwife.

## THE DANGERS AND TREATMENT OF ANTE-NATAL SYPHILITIC ENVIRONMENT.

Dr. J. H. Sequeira, F.R.C.P., F.R.C.S., Physician to the Skin Department and Lecturer on Dermatology and Syphilology at the London Hospital, in a paper on the above subject read at the second English-speaking Conference on Infant Welfare at the Central Hall, Westminster, pointed out:

(1) That the mother may be suffering from syphilis in an active or in a latent stage when impregnation takes place, and may already have had one or more miscarriages or still-births.

(2) That the mother may be infected with syphilis at any time during pregnancy.

The environment of the embryo may, therefore, be infected from the beginning or at any time during the pregnancy.

We can, for practical purposes, leave out of account the possibility of an embryo being syphilitised by the father alone.

Having given figures to show the importance of dealing with ante-natal syphilis, Dr. Sequeira, said:

I maintain that the mortality in utero and early life and the grave later effects of congenital syphilis can be rendered insignificant, if not entirely removed. As a matter of fact, it has been largely reduced already.

The scientific basis of this contention is as follows: The spirochæta pallida circulating in the blood of the mother swarms in the wall of the uterus in which the embryo is embedded in the earliest stage, and in the placental tissue whence the foetus derives its nutrition during the major portion of pregnancy. The embryo may be infected near the beginning of its development and then easily perishes, or it may be infected late and then has a better chance of survival. In some rare instances infection only takes place in the act of birth. Dr. Eardley Holland had one such case where a primary sore developed in an abrasion made by the forceps during delivery, and Dr. Lomholt, of Copenhagen, has recently published similar cases.

The next fact is that the treatment of the mother by Salvarsan and its allies while the foetus is still in utero is remarkably efficient. In December, 1918, I showed at the London Hospital 45 healthy babies born of syphilitic mothers who had been treated in my clinic during their pregnancy.

There is a spirit of friendly rivalry in the statistics which have been published recording the results of the treatment of pregnant syphilitic women. Statistics vary from 90 to 100 per cent.

The scientific bases being those determined

by repeated tests, we have now to direct our attention to the machinery by which they can be made of service to the State.

(1) It is important above all things to impress upon the public that no person who has contracted syphilis should marry while likely to infect the other partner to the marriage. We must, therefore, insist on the obligation to remain under treatment until medical sanction is given to the proposed union. At present we have no compulsion, no certificate of freedom from disease. Perhaps this may come.

(2) If a woman comes to a V.D. Clinic suffering from syphilis and is found to be pregnant energetic treatment must begin at once no matter what the stage of the pregnancy.

(3) Any woman who has had repeated miscarriages should have her blood examined by the Wassermann test. If this is positive she should at once begin treatment. We must, therefore, have close co-operation between the general practitioners, the Hospitals, maternity centres and a laboratory where the examination can be made. These facilities are provided by the State. The examinations are made free of charge. All that is wanted is that they should be used.

Notification of miscarriages and still-births would be of service, but it is doubtful if it would be practicable.

(4) Should a married man or woman attend a venereal clinic the other partner should be examined, and if found infected, treated. Any children of the pair should also be seen and examined. One may thus find early evidence of congenital disease.

(5) If a child is brought to a clinic suffering from congenital syphilis, the parents should be seen, and if necessary treated. I make a point also of seeing, whenever possible, all the other children. One cannot always get both parents to come up, but by persuasion and tact it can usually be effected. But we have no compulsory powers.

The machinery for effecting this most desirable and beneficent work is at hand. We have the Maternity Clinic, the Infant Welfare Centre, School Inspection, whence the cases can be drawn; the Laboratory where the necessary blood examinations can be made, and the Venereal Clinic where the treatment can be carried out. Let us use them, and we may hope for the gradual disappearance of a grave menace to life and health.

### INTERNATIONAL CONGRESS OF CHILD WELFARE.

The International Congress of Child Welfare was opened on Monday in Brussels. The subjects of juvenile courts and of the illegitimate child were discussed.

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