

**REPORT ON LECTURE GIVEN AT  
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**"THE PROBLEM OF THE SYPHILITIC  
CHILD."**

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Among all the problems with which the Public Health worker is faced there is none more urgent than that of the Syphilitic child; and the above lecture should be of the greatest possible help to Nurses, Midwives, Health Visitors and School Teachers, in drawing their attention to the "outward and visible signs" of such conditions, in order that the child may (if possible) be thoroughly examined, and got under *early* treatment, before the more serious consequences have developed.

The heritage of Syphilis may be due to both parents or to the father or the mother; and ante-natal treatment carried out efficiently and continuously to the Mother during pregnancy would be the best means of preventing the child suffering from the disease. Unfortunately, until there is closer co-operation between the "Infant and Child Welfare Centres" and the "Venereal Disease Clinics" many of these expectant mothers escape treatment, and so the supply of hereditary Syphilis continues.

Dr. Kettlewell divides the cases roughly into two classes:—

1. *Active Syphilis*.—Those children born with active Syphilis or who develop it very shortly after birth; and those of

2. *Latent Syphilis*.—Born "apparently" healthy, but who develop it within 8, 10, 20, or even 30 years.

For the first class, if the child lives at all, he "*advocates*" treatment of the child direct, but it is chiefly for the children in the second class that he wishes to enlist the special help of Nurses and Health Workers in the detection of the cases *early* in life, as he is confident that by a two-years' course of treatment the development of the disease later may be avoided.

The following hints were given to aid in the recognition of such cases:—

1. General appearance and colour of such: is a small puny child, short, badly developed, anæmic and greyish palour.

2. Lifeless, apathetic, and slow, slow in learning to walk, talk, and teething; Mother generally says "child has always been delicate and consumptive."

3. Shape of head: "bombed forehead,"

often a depression of the bones of skull can be felt running across the head or lengthways; occasionally what is termed a keel-shaped head, with a definite sort of ridge on it, is seen, the nose is snub, with no bridge to it. The forehead is often deeply wrinkled, due probably to chronic and persistent headache, to which the child is so used to that he hardly complains of it.

4. The shin bones or tibia are of peculiar formation, called by the French *sabre tibia*; they appear bowed forward, but on running the fingers down it is found the bone is thickened outwards in layers rather than bowed.

5. Eye changes: often a scar or opalescence on the Cornea, which causes the child to squint round it; much can be done for this by treatment.

6. Deafness: no change in ear can be *perceived*, but it is a hopeless condition.

7. "Hutchinson's teeth," with fretted edges, which break, and so form the well-known semi-lunar curve. High arched roof to mouth, often with perforation.

8. The mentality of the child is peculiar; it is described as "odd," with odd likes and dislikes: tractable with a person he likes, but a "perfect little devil" with most people, yet capable of doglike devotion to an individual. Frequently bright and quick up to a certain stage, then *suddenly* fails, and will not or cannot learn. Often dirty in personal habits, and with poorly developed sexual organs.

The family history plays an important part in the detection of these cases, and the mother often gives a history of miscarriages and abortions, or early deaths among her children; she may also give history of "consumption" or "lunacy" in the father.

Dr. Kettlewell spoke of the cost to the nation of these unhappy children. Putting them at 1 per cent. only, there are 50,000 out of the 5 million elementary school children, and if allowed to go untreated and develop disease, the cost of educating at £50 per annum each child in special schools, works out at 2½ million per annum. He stated that he judged the percentage as more like 5 per cent., as, in three schools he had visited, by using superficial tests only he had detected:—

1 school ...	16 per cent.
1 school ...	15 per cent.
1 school ...	8 per cent.

The only remedy in his opinion is closer co-operation between the Infant and Child Welfare, the School Medical Authorities, and the V.D. Clinics, so that the V.D. Officers

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