

The Midwife.

PEMPHIGUS NEONATORUM.

The following article by Caroline H. Soellner, R.N., Blessing Hospital, Quincy, Illinois, from the *American Journal of Nursing* (abridged) will be of considerable interest to midwives:—

Pemphigus Neonatorum is a disease of the new-born, in which vesicles or blebs, usually flat on the top, appear with or without fever, on a perfectly normal or reddened skin with pin-head size vesicle elevation, which rapidly develops into a large bleb. As the disease progresses, relapses may occur, yet the infant may recover promptly after a single outbreak of but few blebs. In some cases these blebs show a marked tendency to peripheral extension, which finally dry, leaving a thin brown crust.

The eruption is likely to occur irregularly as to size of blebs and field involved. While the cause is not accurately determined, the *staphylococcus aureus* in pure culture has been found in most pathological examinations.

The distinction between pemphigus and syphilis in the new-born may be determined by the localisation of the eruption in the latter disease (syphilis) on the palms of the hands and soles of the feet, as well as by the associating symptoms of syphilis.

The prognosis is usually favourable, but epidemics of unusual severity sometimes occur, and complications in the form of secondary infections may take place. Treatment consists chiefly in early recognition of newly forming blebs. Since they develop with great rapidity and almost anywhere on the body, the infant should be undressed completely for inspection at least twice a day.

The bleb is carefully punctured with a sterile needle and the fluid absorbed into cotton or a gauze sponge, to avoid spread; then medication is applied to the affected area.

The writer of this paper will feel amply rewarded if she can assist others who are in need of the information and advice, which she so eagerly sought during her experience one year ago when a repetition of three mild epidemics of Pemphigus Neonatorum occurred in our obstetrical department. During this period of time, out of 128 babies born, about one-third of the total number developed the disease, the lesions varying in severity from a few single blebs to a degree where almost the entire body became involved.

Among the affected infants, six developed pus infection of one or both eyes, which yielded promptly to treatment with boracic solution irrigation and argyrol, 10 per cent. instillation. Three infants suffered infection of one or more fingers, especially surrounding the finger-nail. One mother developed identically the same blebs on one breast

—in all probability conveyed through the nursing babe, and two mothers developed mastitis.

All cases showed symptoms within from three to sixteen days following delivery, during the stay in the hospital, or after dismissal as reported by the attending physician. In most cases no constitutional symptoms of any marked degree were evident and no mortalities resulted traceable to pemphigus. In an instance of twins, one developed only a mild pus infection of both eyes with no lesions on the body whatsoever, while the other babe suffered extensive involvement of the entire body and no eye infection. The infants were cared for apart, and with the same usual precautionary measures of isolation, both nursed the same breast of the mother. In one case the lesion surrounded the cord before detachment, yet with careful treatment it detached in the usual manner without complication.

Some infants developed pemphigus in spite of every precautionary measure on part of the special nurse attending the case, while others under general floor care, some premature and some bottle-fed, remained immune.

The nurse caring for the infant should observe the strictest precautions of isolation, especially as to her own hands and wearing apparel, and should bear in mind that the disease is highly communicable and can be carried by a third person.

If breast feeding is given, mother and babe should be completely isolated, and the prophylactic measures compare with those taken in a case of scarlet fever or smallpox.

Pemphigus Neonatorum is likely to occur in epidemics in hospitals, but has been located in sporadic cases outside of the hospital, as is shown by extracts from journals and information gained by letters from hospitals from different parts of the country.

PROPHYLACTIC TREATMENT.

In regard to prophylactic treatment, F. H. Falls writes:—Early diagnosis and isolation of cases are not of the utmost importance. The history of most epidemics reveals the fact that the disease was present for some days before the diagnosis was established and many persons were exposed before the importance of isolation was appreciated. The method of contagion is not definitely established, but the prevailing view is that intimate contact is not necessary, and that infection is transmitted by medical attendants, nurses, midwives, and through bathing water, towels, and other fomites. Hence it is recommended that institutional cases be isolated as soon as the lesions appear, together with the mothers of such cases; also that special nurses be assigned to these cases, and that they be cautioned regarding the possible spread of the infection to themselves unless the strictest precautions are observed in handling the cases.

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