

stitutional symptoms set in and the secondary stage begins. The distribution of poison throughout the lymphatic system causes all the glands to enlarge, there may be fever and skin eruptions. The patient will have severe nocturnal headaches, pain in the bones, and a general feeling of illness. The inner surfaces of the mouth and all the structures of the nose, pharynx, and throat may become sore, red, and swollen. The hair begins to fall out, anæmia, enlargement of the spleen, obscure inflammatory changes in the internal organs, and in women especially a peculiar pigmentation of the skin of the throat and the back of the neck all occur in the secondary stage. The tertiary stage may be delayed five, ten, or even fifty years after the primary infection. This is the stage distinguished by syphilitic "gummata." These are hard nodules, which eventually ulcerate, and in the process cause loathsome disfigurement. We get as results destructive ulceration of the brain, liver, intestines, testicles, and spinal cord—nervous paralysis and apoplectic strokes, but worse than these is the disease called tabes dorsalis (or locomotor ataxy) a spinal disorder marked by loss of power over the voluntary muscles, which is syphilitic in origin in about 50 per cent. of cases.

We must bear in mind the fact that all venereal diseases are the result of an act, or acts, of immorality, and therefore able to be prevented. Syphilis, or its attendant evils, never occurs in the marriage relation unless it is conveyed from without first of all. Originating from prostitutes it may be carried by the husband to the wife. Syphilis insontium, or syphilis of the innocent, is surely the most hideous fate that can befall anyone. The innocent baby may fall a helpless victim even before it is born. It has been said that about four-fifths of all cases of blindness have their origin in gonorrhœal ophthalmia.

There is no need to dwell on the horrors of a life of prostitution; the fact that hardly ten per cent. of the women who adopt it do so willingly speaks for itself. They may be actually entrapped or driven into it by starvation, but otherwise the ranks of these poor outcasts of society, victims of our cruel civilisation, which hold up one standard of morals for the man and another for the woman, would soon dwindle to an easily-dealt-with minority.

The American Society of Moral Prophylaxis, the White Cross League, the International Council of Nurses, the National Union of Women Workers, and others are doing good work in educating the laity on the question of sex hygiene. But no amount of societies can do away with individual influence and

example, and to us especially belongs the duty of holding aloft the banner of truth and purity. Often an opportunity comes when our advice is asked by an anxious mother if she shall teach her children this fact or that. Let us see to it that by careful thought and earnest study we are prepared to give a helpful answer to those who seek blindly in the dark for light.

GLADYS TATHAM.

Anæsthesia from the Nursing Standpoint.*

NOTES OF A LECTURE BY MR. W. J. STUART,
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Anæsthesia is a compound word signifying no sensation. There are two forms:—(1) *General Anæsthesia*, insensibility and unconsciousness. (2) *Local Anæsthesia*, in which certain areas of the body are rendered insensible to pain, but the patient does not become unconscious. Anæsthetics were in use 3,000 years ago. Homer speaks of their use.

In 1846 ether was given for the first time in Boston, U.S.A.

In 1847 Sir James Simpson used ether, and the same year introduced chloroform.

Stages of Anæsthesia.—(1) *Mental*.—The patient has rapid thoughts, may be emotional, singing or shouting, subsequently passing off into a dreamy state.

(2) *Sensation*.—The patient is insensible, but able to move.

(3) *Motion*.—There is absolute unconsciousness and complete immobility; the patient is ready for surgical operation.

(4) *Vital*.—This is the stage of danger; the breathing becomes shallow and the face pallid or livid.

Four substances are used for anæsthetics—chloroform, ether, chloride-ethyl, and nitrous oxide (gas).

The Anæsthetist's Requirements.—The anæsthetist requires chloroform and ether, a small bottle with a special drop stopper; a wick of gauze may be used to put in the bottle to act as a dropper; a towel (or mask covered with lint or gauze); a wedge, to open the teeth; tongue forceps; a gag; an extra towel for the patient in case of vomiting, or to wipe the face; a swab or sponge holder; a hypodermic syringe (the surgeon will say what drug should be administered if necessary); a basin, in case of vomiting; a tube or jar of vaseline, to be in readiness for applying to the skin if necessary.

Preparation of the Patient.—The stomach and bowels must be empty, the former to minimise vomiting, the latter to delay the giving of

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