

City of London Court, before Mr. Commissioner Kerr and a jury. The Judge said that the point of law involved was most important, and reserved his decision upon it. He left it to the jury, however, to answer the question whether, in their opinion, Sir James Crichton-Browne had acted maliciously as Chairman on the occasion in question. The judge ruled that as Miss Breay had suffered no pecuniary damage—her counsel also having insisted upon the fact that she desired no money reparation—the jury, if they found in her favour, could only award her the nominal damages of one farthing. Without leaving their box the jury at once returned a verdict in favour of Miss Breay. The case is of such vast importance to the Nursing profession that we propose, next week, to give the *verbatim* report of the proceedings.

Findings from a Nurse's Notebook.

HERNIA.

A HERNIA is a protrusion of an organ contained in a cavity, either externally or into a neighbouring cavity. Thus—(1) *Hernia cerebri*, when the brain protrudes through the skull. (2) The lung may protrude either outside, or downwards through the diaphragm into the abdomen, or the intestine may be forced upward, into the thorax through the diaphragm. (3) There are different cavities of the peritoneum: (a) The cavity of the great omentum. (b) The cavity of the lesser omentum. The intestine may be forced from (a) into (b). There may also be herniæ of the liver, omentum, cæcum, ovaries, uterus.

Ordinary hernia is that of the intestine.

The abdominal cavity is lined by the peritoneum which is a closed sac.

The intestines also are covered with peritoneum.

Now for the intestines to protrude through the front wall of the abdomen they carry with them their immediate peritoneal covering as well as push forward the peritoneum lining the grove wall of the abdomen. This latter forms the sac. This sac usually, when once out, forms attachments, and remains fixed out while the intestine slips in and out.

There are three states of a hernia:—

- (1) When it can be replaced, *reducible*.
- (2) When it cannot be replaced, *irreducible*.
- (3) When it is *strangulated*.

A hernia, therefore, may be irreducible and yet not be strangulated. Thus, suppose in an old hernia the sac is fixed in the tissues, and inflammation is set up in the peritoneum which invests the intestine itself. The two peritoneal surfaces would be joined together and fixed. But the sac is already fixed; therefore the intestine could not be replaced.

Or, again: suppose that part of the intestine in the sac got filled with hard, undigested food. The hernia would be too big to be replaced, but it would not necessarily be strangulated.

A *strangulated hernia* is one where the bowel is gripped so tightly that the blood supply is upset. Veins are easier to compress than arteries—hence (as in tying a string fairly tight round a finger) the arteries carry blood to the strangulated parts and there it remains. It becomes highly congested, and renders reduction further impossible.

Pain, constipation, and vomiting denote strangulation; therefore, given a hernia with these symptoms, which cannot be reduced, it is said to be strangulated.

Dangers.—(1) If no operation is performed the patient dies in five or six days of exhaustion from starvation and constant vomiting. He can take nothing:

(2) The piece of bowel, strangulated and congested, dies, sloughs. This forms an abscess which may burst externally, and the bowels may act through this fistula in future.

(3) The bowel may be replaced, but it is too injured to live. It dies and sloughs, or is broken down by fæces passing over it. Fæces escape into the peritoneal cavity and death ensues.

In cases of herniæ which are apparently strangulated, an attempt is first made to reduce the hernia by manipulation. A warm bath and tr. opii ℥xx. are often given previously, and do good by relaxing the tissues. If this attempt fails an operation is performed as soon as possible.

After the operation is over it is the duty of the Nurse:—To keep the patient absolutely quiet; to prevent any exertion on his part (such as lifting himself in bed by means of a pulley); to prevent any strain on the abdominal muscles (for this reason a pillow is usually placed under the patient's knees); to support the wound if he coughs (this is done by placing the hand over the dressings on the side of the wound).

The bowels are usually kept quiet for about five days by means of opiates.

The diet is usually ice, or, better still, teaspoonfuls of hot water only for the first 36 hours. After this milk and brandy are given sparingly and increased slowly, but the patient is usually kept on starvation diet for a week or ten days.

[previous page](#)

[next page](#)