

A Nurse's Notes on Hernia.

A hernia is a protrusion of any internal part contained in a cavity, either externally or into a neighbouring cavity. A hernia always consists of a sac, its contents and the soft parts covering it.

The sac is formed of peritoneum, and generally has a neck, caused by the contents pushing the peritoneum before it, and then expanding after getting through. This neck is important because this is where strangulation may occur.

The contents of sac are usually small intestine or omentum (but in rare cases the bladder, large intestines, and other organs have been found in a hernia).

The soft parts covering the sac vary with the position of the hernia, but may roughly be said to consist of skin and various fascia, according to position of the hernia.

An abdominal hernia or rupture signifies a protrusion of viscous through an opening in the walls of the abdominal cavity, and may occur at any part of abdominal wall.

Herniæ are most common in the inguinal region, femoral region, and round the umbilicus, since in these places the walls are naturally weaker than elsewhere. Hernia is more common in men than women (in proportion, four to one). It is very common in men who have to lift heavy weights. Other causes of hernia are non-closure of canals, unusual length of the mesentery, etc. Some children are born ruptured; then such herniæ are called congenital.

Inguinal hernia, a protrusion through one or both abdominal rings at the groin.

Femoral hernia, a protrusion behind Poupart's ligament.

Umbilical hernia, a protrusion at the navel.

SYMPTOMS OF HERNIA.

The patient complains of a lump which may disappear when he lies down; if he coughs the lump is protruded, and on handling it gurgling may be heard.

The treatment of simple hernia may be palliative or curative. By palliative is meant the use of suitable trusses to keep the hernia in its place. (A truss is an instrument composed of a pad or cushion connected with a metallic spring and strap so arranged as to prevent the rupture coming down.) The curative method or radical cure consists in cutting down on the stricture at the neck, replacing the intestine in the cavity, and then stitching together the part of the wall through which the hernia protruded.

When a hernia is down in the sac, and can be pushed back by the patient or the surgeon, it is called a *reducible hernia*; if it cannot be put back it is an *irreducible hernia*, and when the neck is constricted the hernia becomes strangulated, the constriction prevents the contents passing along, and unless the patient is operated upon he will die in a very short time.

If a hernia is irreducible a truss must not be worn, or the pad will press on the intestine and

cause obstruction. In these cases a bag truss is used.

If the patient has a cough the truss must be worn by night as well as day.

In strangulated hernia efforts are made to reduce the hernia by taxis. If the patient can bear it he is given a dose of tincture of opium, and while he is in a hot bath the surgeon again attempts to reduce it. If this is ineffectual an operation must be performed as speedily as possible, or the constricted portion will become gangrenous, the patient will get faecal vomiting and rapid pulse, soon becoming quite listless, and death eventually ensues.

INSTRUMENTS REQUIRED FOR THE OPERATION.

Scalped, probe-pointed curved bistoury, hernia knife, director, probe, dissecting and catch forceps, artery forceps, scissors, retractors, Murphy's button, needles on handles, surgical needles, and a needle holder.

The wound is dressed aseptically, and dressing kept in place by a firm spica bandage. A morphia suppository is usually given to keep the bowel at rest. The patient is put to bed with a pillow under the knees, and a cradle placed in position to prevent the bedclothes from pressing on the abdomen.

If the patient is sick or coughs, the nurse must place her hand over the dressing to support the wound. The patient must not strain or sit up in bed at first. No nourishment is given by mouth for 24 hours after operation, but a little ice may be given to suck, and the mouth can be washed out frequently with warm water. After 24 hours a nutrient enema or nutrient suppository is given, and gradually the patient begins to take small quantities of milk, beef tea, meat essence, etc. No solid food is given until the bowels have acted which they usually do naturally, but if not an enema is usually given on the fifth or sixth day, or, if there is great distension, earlier. Of course, the patient's back must be well looked after as he rests very heavily on the bed.

V. J.

Legal Matters.

A BROKEN CONTRACT.

The Guardians of the Isle of Thanet Union had recently before them the case of a nurse—Miss Helps—who, having been appointed by them, failed to take up the duties or to give a satisfactory reason for her refusal. The Board are claiming £2 10s. in lieu of notice, and have decided that unless the money is paid within a month that they will take proceedings to recover the amount.

Boards of Guardians are constantly troubled by peripatetic nurses, who apply for posts, are interviewed, receive their expenses, accept appointments, and then fail to keep their contracts. We wonder that they do not oftener enforce their claim against the defaulters; a few instances of this kind would effectually put an end to the nuisance, and prevent the ratepayers' money being uselessly expended upon nurses who do not know their own minds. If a nurse applies for a post and is appointed she should honourably fulfil the engagement.

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