

and the elbows, thereby tilting the contents of the abdomen still further upwards to the diaphragm. Very often this simple manœuvre, with the use of a large enema, not only allows the injection to be retained for a longer period than would be otherwise possible, but causes it to have a much more successful result.

There is, in many cases, vomiting before there is any dangerous amount of obstruction, and nothing relieves this condition so much as a little bi-carbonate of soda in a wine-glassful or more of warm water. This is due to the fact that the alkali dissolves the mucus and so cleanses the walls of the stomach. And it is a practical fact worth remembering in all cases in which there is constant retching from the irritation set up by the presence of small quantities of bile or tenacious mucus in the stomach.

Hernia is a protrusion of a piece of intestine outside the abdominal cavity, through one of the openings which exist in the muscles, and which are in the shape of short canals, running through the muscular wall, just above the groin, and just below its fold; the former being termed *inguinal*, and the latter *femoral*. Of the two, inguinal herniæ are by far the most common; femoral herniæ being chiefly found in women and children. They are, as a rule, easily "reduced"—that is a say, the intestine can be pressed back into the abdominal cavity. After this has been done, the patient should most carefully wear a properly fitting truss—an instrument kept in a state of tension by steel springs, and with a firm pad so adjusted as to keep up equable pressure upon the point of the rupture.

In cases of strangulation, that is to say those cases of herniæ in which it is impossible to reduce or replace the intestine, and where dangerous symptoms are present, it is necessary for an operation to be performed. This consists in making the neck or narrowest part of the canal through which the intestine has protruded, slightly larger, so as to permit of the return of the bowel into the abdomen. After the operation, the patient must be kept at absolute rest and as carefully nursed as if the abdominal cavity had been actually opened. It is well to remember that what is termed an "irreducible" hernia or one which cannot be replaced, is always liable to become suddenly dangerous by becoming strangulated, and that, therefore, no one should permit a rupture which does not easily go back into the abdomen, to be neglected. Sooner or later, it will cause danger, and if this cannot be dealt with, at once, the chances are that it will be fatal.

Abscess of the Liver is a condition which is more frequently met with in hot climates, than in this country. Still, a considerable number of persons who have been in India are treated here for this disease. The symptoms, except for the wasting,

the jaundice, and the pain, are very similar to those previously described as typical of abscesses in every other part of the body, and as a rule these cases require treatment upon similar general principles, that is to say, an incision has to be made into the abscess, and its cavity properly washed out and drained, while the general strength of the patient is carefully maintained.

Diseases of the Kidney, of the Spleen, and of the Liver will be better discussed in Lectures upon Medical Nursing. The important diseases of the womb and ovaries, and the operations which are necessary in these conditions, demand a special course of Lectures to themselves. For the present, therefore, we must now conclude the course of lectures which have been in progress, in these columns, during the last six months, upon Elementary Anatomy in its relation to Surgical Nursing.

FINIS.

Royal British Nurses' Association.

(Incorporated by Royal Charter.)



Miss THOROLD, Matron of Middlesex Hospital, presided at the Meeting of the Registration Board held on Friday, the 22nd inst. The applications from the following Matrons and Nurses were accepted:—

Name.	Trained at
Elizabeth Allen	... King's College Hospital.
Louisa Bradshaw	... Adelaide Hospital, Dublin.
Gabrielle M. Cuff	... Portsmouth Royal Infirmary.
Mary Duffus	... St. Bartholomew's Hospital. (Matron St. Mary's Infirmary, Islington.)
Charlotte Flanagan	... Royal United Hospital, Bath.
Winifred Flintham	... St. Bartholomew's Hospital.
Ellen Moorhouse	... St. Bartholomew's Hospital.
Isabella A. Riddell	... St. George's Hospital.
Sarah Ann Turrell	... St. Bartholomew's Hospital.
Amy Topham	... York County Hospital.
Kate Ness	... King's College Hospital.
Emily Mary Waind	... St. Bartholomew's Hospital. (Sister Stanley.)
Lily Warriner	... Royal Infirmary, Manchester.
Susan Rumboll	... St. Bartholomew's Hospital. (Matron St. Bart's. Convalescent Home, Swanley.)
Mary Veal	... Kimberley Hospital, S. Africa. (Matron Govt. Hospl., Vryburg, Bechuanaland, S.A.)

A Special Meeting of the Executive Committee was held on Tuesday, June 26th, at 4.30 p.m., at which Her Royal Highness the President took the Chair, and by whose gracious command, Miss HUXLEY, Matron of Sir Patrick Dun's Hospital, Dublin, attended, to confer with the Committee concerning Nursing in Ireland.

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