

the call for the first meeting. Even if she is not a graduate of the school, the Hospital and the school are mutual points of interest to the older as well as the younger graduates, and all would recognise her as the proper leader in the movement. Do not wait for large numbers before taking action. A little society of ten members, let it be largely social, if you will, forms a *nucleus* that will develop. One superintendent, a New England girl, trained at the Massachusetts General, and who went West some years ago, "to grow up with the country," reports a small school, with an alumni of three members. That is the proper spirit.

If you have not a large school, make the most of your small one. Remember it is only through organisation that individual numbers can be reached, and their co-operation in progressive movements be obtained, and that without *their* support and *their* good influences with the public, we lose an immense power.

I sincerely trust that when this Association of Superintendents holds its next annual meeting, schools reporting *no organisation* may be very much in the minority.

NAMES OF HOSPITALS WITH WHICH SCHOOLS
ARE CONNECTED.

New York State—Bellevue, New York City, Presbyterian, Mount Sinai, Charity, Blackwell's Island, Rochester City.

Pennsylvania—University, Philadelphia, Blockley, Episcopal, Woman's, Hahnemann.

Massachusetts—Newton Cottage, Boston City, Worcester City, Pittsfield (Home of Mercy).

District Columbia—Children's, Garfield (agitating).

Chicago—Cook County, Michael Reese, St. Luke's.

Detroit.

Indianapolis—City, Flower Mission.

Connecticut—New Haven, Hartford.

Ohio—Cincinnati Tr. S. (City); Cleveland, Homeopathic.

Maryland—Johns Hopkins.

A Case of Strangulated Hernia.

BY MARY FIRTH, Cert., Guy's Hospital.

THE details of the following case may be of some interest to Nurses. They may gather from it the warning that the Nurse in charge of a case of vomiting should not fail to look for some outward sign of mischief which may have occurred within the abdominal cavity, in order that she may report it to the medical attendant on the earliest possible opportunity. In the evening of October 21st, 1894, I was sent to attend Miss B., an old lady, aged 79, living in lodgings, who was said to be suffering from a severe attack

of bilious vomiting. I found the patient sitting up in bed, with a rapid pulse, a normal temperature, and an appearance of great distress, but without pain.

She had been incessantly sick since the morning of the 19th of October, when, she says, the present attack came on, without any preceding nausea, immediately after passing an unusually hard motion from the bowels. No relief from the bowels had occurred since. The patient also stated that during the past three years she had repeatedly suffered from attacks of the same kind generally accompanied by severe abdominal pain (almost like colic) and diarrhoea; both these symptoms were absent on the present occasion. She had not hitherto consulted a doctor, but with her consent I sent for Doctor L. immediately. He prescribed a calomel powder to be taken at once, followed later on by a morphia powder to be given every six hours in an effervescent draught. The vomited matter had unfortunately been washed away before my arrival.

After taking the mixture the vomiting did not again occur. The patient passed a quiet night, dozing a good deal and sleeping for two hours towards morning.

October 22nd.—The doctor ordered another calomel powder and the medicine to be continued. The patient suffered from excessive thirst and was much averse to taking any nourishment. The doctor warned me not to press it too much, and she took during the day half a pint of milk, the same amount of beef-tea and half a pound of hot-house grapes. There was no pain or sickness, but continued constipation. She also took several pints of apple-water, an old-fashioned drink for which she had expressed a great fancy.

October 23rd.—The patient's general condition and the amount of nourishment taken were about the same as the day before; she slept but little on both nights.

October 24th.—At 7 a.m. Miss B. complained of great stiffness and some pain in the abdomen. On looking for some cause for her distress I found a hard, tense lump, about the size of a hen's egg, situated in the right groin. There was no appearance of redness on the skin. Without mentioning my suspicions of the real state of the case I sent for the doctor, and he pronounced it to be a strangulated femoral hernia. The patient being very nervous and also extremely ill, nothing was said to her of the gravity of her symptoms until the afternoon of the same day, when, having procured the necessary surgical assistance, the doctor informed her gently of the necessity for an operation, and she was placed under chloroform at 3 p.m. The sac having been opened, after an unavailing attempt at relieving the symptoms by taxis, the obstruction was found to be, as usual in these cases, at Gimbernat's ligament. This being partly cut through relieved the pressure on the bowel and enabled it to be replaced within the abdominal cavity. Two sutures were passed through the deep structures to endeavour to draw them together, but these did not prove of any use. The wound was dressed with a strip of lint soaked in carbolic lotion, 1 in 20, well packed with antiseptic absorbent cotton wool and firmly bandaged. 7.30 p.m.—The patient appeared much relieved; there was no pain or sickness. Temperature 99° F.; pulse 80. The night was passed very quietly with several hours' sleep.

October 25th.—At 5 a.m. the patient had a cup of tea and two slices of bread-and-butter; 7 a.m., she passed a large and apparently healthy motion without any pain. During the day she continued to improve

[previous page](#)

[next page](#)