

ment enter, this is often overcome by slipping the point of the instrument from the finger tip into the os.

We noticed previously that the instrument usually passes into the uterine cavity for two and a half inches, as indicated by the nodule upon the convex edge of the sound. To measure the distance it has passed, place the finger point firmly upon the portion of the os, and, keeping it there, withdraw the instrument, when you can at a glance observe by the engraved figures how far the sound has passed. With sufficient care, we can usually succeed in passing the sound into the healthy womb; but the most experienced finds it often exceedingly difficult to introduce it in certain affections of this organ.

In the various flexions and versions, as also neoplasms projecting into the cavity, we find much to oppose our attempts to pass the sound. In some cases you will even fail, and it is only by the greatest patience that success may reward your efforts. Generally its introduction is free from bleeding, and if traces of blood are seen, it is usually the result of congestion, cancer, fibroids, or polypi. Force should never be used, as you will simply expose your patient to much danger. To lay down special rules were vain, for experience must guide you in each case. Every instrument should have a mark upon the flat surface of the handle, so that the operator may have no difficulty in seeing at once how the instrument is situated. In replacing the displaced organ, say in displacement backward, the movement is effected by a rotation of the handle through half a circle, so that the portion acting within the uterus may rotate in the smallest degree. A simple twisting of the handle is apt to give pain, and may cause injury. In conclusion, the uterine sound, as before stated, should never be used without previously making a careful examination. So much is this overlooked that a very eminent obstetrician proposes to have a uterine sound made, having for its handle a small representation of a foetus, which may be the means of causing the operator to pause before using the instrument.

THE "TRAINED NURSE."

That is, the woman trained to nursing as a specialty, is an anomaly (*London Lancet*). Every scrap of information she possesses beyond the mere routine service of sick-tending is not merely useless, but mischievous. It is almost sure to be brought to bear on the patient, to the injury of the case, and the disadvantage of the medical attendant. A trained nurse is a half-educated woman, who has acquired just enough knowledge to make her dangerous. The sick person is regaled with reminiscences of other "cases" attended by the trained nurse, with this or that physician or surgeon. She is the chief and prominent figure in the pictures painted for the edification of the patient and the friends. The "doctor" occupies a subordinate place, and

is changeful. Sometimes it is one and sometimes another practitioner, and the nurse does not scruple to state her preference, which is generally for the medical attendant who most defers to her judgment, and leaves the patient practically in her hands. She has no scruple in forming an "opinion" of the case, and little, if any, hesitation in expressing it. In reply to the very natural question, "What do you think, nurse?" she delivers her dictum as a skilled authority, and both patient and friends are much impressed by what she has to say on the subject. Not a few of these intruders into the sick-chamber employ their own methods and even administer their own remedies. The sick are wholly at their mercy. They are trusted and obeyed because they are "trained nurses." The medical profession is keeping up and extending this evil by recognizing the trained nurse. The policy adopted is opposed alike to the best interests of the sick and of the profession. If practitioners either lack the knowledge or the inclination to give personal and explicit directions for the "nursing" of their cases, they must at least understand that, by intrusting the duty to trained nurses, they are jeopardizing the lives or the health of the patients who confide in them, and sacrificing their proper professional influence.

TREATMENT OF INFANTILE DIARRHŒA BY CHARCOAL IN THE MILK.

For children belonging to families in easy circumstances M. J. Guerin mixes a certain quantity of Belloc's powder of charcoal with each milk meal—half a teaspoonful only at each meal. For the children of the working classes, Belloc's powder, which is a little dear, is replaced by very finely powdered, farina-like, ground bakers' charcoal. This powder mixes readily with milk, and children drink the mixture as though the milk were pure. In a very short time, sometimes on the first day, the stools change in consistence and odour, and instead of being green, become blackish-yellow. At the same time that this addition is made, M. J. Guerin dilutes the milk with one-third or one-half of sweetened water, and the children take it without repugnance or vomiting. M. Guerin has frequently seen children, exhausted by seven or eight days uncontrollable diarrhœa, regain in two or three days the expression of health.—*Lond. Med. Jour.*

A TRIUMPH OF MODERN SURGERY.

At a recent meeting of the Royal Society in London Dr. MacEwen gave a detailed account of a very remarkable case of the transplantation of bone in the human subject. It is of special interest as being the first instance in which this osseous transfer has been successfully effected. We take the following abstract of Dr. MacEwen's paper from one of our English Exchanges:—

In 1878 a child of three years was admitted