with premature infants. They simply forget to breathe. Cyanosis soon becomes marked, and, unless properly treated, death ensues. The child is limp and there is no attempt to respire. *Post mortem*, no mechanical cause for the death is found. There is another form of cyanosis which comes on suddenly, too, where the infant chokes, becomes cyanotic and may die of asphyxia unless the cause be removed. This cause may be an overloaded stomach, especially with artificial feeding, when vomiting relieves the condition; second, an undigested curd regurgitates into the pharynx, and the infant is too weak to remove it. This shows the importance of having a light incubator and watching the baby. Finally, these attacks may be due to a development anomaly of the stomach or of the chest.

The treatment of the first condition—syncope—is stimulating. First see that there is free ventilation in the incubator and that the infant has not a subnormal temperature. A hot bath with a little wine or mustard in it should be given. The nourishment must be certain, but not too free. A little coffee or whisky may be given, and inhalations of oxygen. These are of signal benefit. The treatment of the second condition consists in removing the obstruction, regulation of the diet, less and more dilute mother's milk, and the usual curative methods of asphyxia *post partum*.

Fifth. Atelectasis pulmonum. This affection is not infrequent with premature infants, and is due to several causes. Syphilis, as a white hepatisation, or catarrhal pneumonia; developmental anomalies *e.g.*, diaphragmatic hernia, insufficient development of the lungs, compression of the trachea by a struma, injury to the respiratory centre from compression, and, most often, to insufficient primary inflation of the lungs. The child is reddish-blue, unconscious, grunts or moans with expiration; later, the extremities become almost black and œdematous. The child dies usually, in four to forty hours, intense cyanosis and jaundice being present towards the last. At each inspiration one can see the chest sink in at the base.

The treatment consists in obtaining sufficient inflation of the lungs, and then the incubator. One must not be misled by the child's breathing, or even by its crying lustily; if each expiration is attended by a grunt or moan, and if the normal pink, or dusky red, does not come into the skin, the child is in danger. Its lungs are atelectatic and must be filled out, or the infant is lost. The best way to obtain this is to put a catheter into the trachea and blow air into the lungs—then Schultze's swingings. The other methods of artificial respiration are not efficient. The infant should be made to cry every two hours. Oxygen has a marked effect in these cases, but will not save them unless the lungs are finally inflated.

There is now no doubt of the incubator saving infant life, especially premature children, and the percentage of these is not small. Vallin reported to the Academy of Medicine in Paris, November 12th, 1895, as follows:—"We are compelled to consider premature all infants weighing less than 2,500 grams (5 lb. 7 oz.), and they number 15 to 30 per cent." In London, in 1886, 1,033 premature infants died; in 1896, 2,534.

In the Paris Maternité the infant mortality since the introduction of incubators has been reduced one-half.

At the Chicago Lying-in Hospital twenty-eight babies have been placed in the incubator in two years. Any premature infant that has a spark of life is given the benefit of every means we have to save it. Of these twenty-eight, eight died in a few hours, usually being frozen or in convulsions on arrival at the hospital; three had hæmorrhagic diathesis; two died of atelectasis pulmonum; one lived four days, and fourteen were reared and discharged well. Of the fourteen that died, two were in the sixth month, seven in the seventh month, and five in the eighth month. Of the fourteen that were saved, two were in the sixth month, four in the seventh month, and eight in the eighth month. Of the seventeen children that could be saved, fourteen were saved.

The International Council of Nurses.

Sister Agnes Karll, President of the German Nurses' Association, and Miss L. L. Dock, the Hon. Secretary I.C.N, will have arranged for our meeting on June 17 before the two large parties of nurses—the Americans with Miss M. E. Thornton, the British with Miss Mollett—arrive in Berlin. A hall in the Victoria Lyceum, in Potsdamer Str., has been retained for our use, and, as many ladies interested in nursing in Germany are anxious to be present, we shall, no doubt, have an enthusiastic gathering.

Miss Thornton passes through London in the first week of June, when it is intended to give the American contingent a cordial reception, and Miss Mollett's party of thirty is now complete, in which we are glad to find Ireland so well represented.

The party consists of Mrs. Bedford Fenwick; Miss M. Breay; Miss Mollett, Matron Southampton Hospital; Miss G. Knight, Matron General Hospital, Nottingham; Miss Barton, Matron Chelsea Infirmary; Miss Ross, Matron Western Fever Hospital; Miss Smith, Matron Kingston Infirmary; Miss Richmond, Matron Women's

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