difficulty of micturition from phimosis, the vigorous cries of the infant, or persistent cough, such as whooping-cough, must not be overlooked. As to the type of hernia which may be thus caused, I am conscious that there will be some divergence of opinion. It is a significant fact, according to my experience, that the so-called congenital inguinal hernia of infants rarely appears before the third week, generally later. I am inclined to the view that, in the majority of cases, inguinal hernia in infants is acquired, either by the bowel being forced, with varying degrees of rapidity, through a narrow, partially-closed, though patent, processus vaginalis testis, or probably, in the case of older infants, the bowel is forced into a partially obliterated processus vaginalis. As to umbilical hernia, much the same mechanical conditions apply; but I would point out that, although the abdominal binder is often applied with the intention partly of preventing a hernia, it generally happens that it slips upwards, uncovering the umbilicus, and thereby tending to produce the very evil which it was intended to prevent.

4. *Prolapsus Ani.*—I should mention also the causation of haemorrhoidal distension of veins, and even prolapsus ani—as the result of long-continued binding—in older infants.

5. *Thoracic Deformities.*—The thoracic binder, or swathe, when applied tightly and firmly and continuously, may arrest the growth and development of the chest considerably. Amongst the poorer classes, where extreme cases are so often seen, it may be often observed that the whole chest is uniformly contracted with corresponding protrusion of lower margin of thorax and the whole of abdomen. Happily, such a contracted chest may subsequently expand to normal proportions, but long-continue pressure may produce a permanent deformity.

6. *Thoracic Constriction in Pulmonary Diseases.*—I will now call attention to what is obviously an iniquitous and yet a common practice: I refer to the constriction of the chest, or chest and abdomen, by binders in cases of pulmonary disease. Cases of this kind frequently present themselves in the out-patient room, where, for instance, a child some months old may be brought suffering from pneumonia with two or three binders fixed round the chest and abdomen, hampering respiratory movements, impeding free entry of air and oxygenation, and obviously hurrying the case to a fatal issue.

7. *Cerebral Circulation.*—I believe, too, that in cases of severe constriction the cerebral circulation may be so disturbed as to give rise to convulsive seizures and probably more severe consequences.

8. *Overlying.*—Associated with this disturbing effect of binder constriction on the circulation and respiration, there is a matter which has seemed to me worthy of serious consideration—I refer to the asphyxia which is the cause of death in cases of overlying. There is no question that amongst the very poor it is quite a common, if not a usual custom, to put the child to bed with its binders on, and one may conclude that, as a rule, they will be fixed on fairly tightly; the dangers of asphyxia will be greatly increased by such a constricting effect, and there are good grounds for believing that they take an important share in bringing about the fatal result. I would commend this point for consideration and further evidence.

This concludes my list, though it must not be taken to comprise all the conditions which may result from binding. I venture to hope, however, sufficient evidence has been given to justify a strong condemnation of the common custom.

A Hospital Matrons' Council for France.

A Society, which has adopted the name of *Conseil National Francais des Directrices d'Hôpitaux* (the French National Council of Hospital Matrons), has been formed in France under the auspices of Dr. Anna Hamilton, Directrice of the Protestant Hospital, Bordeaux. All those forming the Council are certificated nurses, holding positions as heads of training schools, and the officers are:—*President*: Mlle. Luigi, Directrice of the Nursing School at the Civil and Military Hospital, Béziers. *Vice-President*: Miss Elston, Directrice of the Nursing School at the Tondu Hospital, Bordeaux. *Treasurer*: Mlle. Nectoux, certificated at the Protestant Hospital, Bordeaux, Directrice of the Civil and Military Hospital, Albi. *Secretary*: Mlle. Siegrist, certificated at the Tondu Hospital, Bordeaux, Directrice of the Departmental School of Midwifery of the Gironde. The members include Mlle. Bosc, Directrice of the Civil and Military Hospital, St. Quentin; Mlle. Gachon, Directrice of the Civil and Military Hospital, Alais; Mme. V. Gardiol, Directrice of the Civil Hospital, Cambrai; Mlle. Gonthier, Directrice of the Civil and Military Hospital, Elbeuf; and Mlle. Lavinal, Directrice of the Hospital-Hospice, Castelnau-du-Médoc.

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