rolled up in a jacket of cotton-wool, the limbs also wrapped in wool, placed between warmed light blankets, and surrounded with hot bottles. The cot should be kept in a warm room, close to the fire. The piece of absorbent wool taking the place of a diaper should be changed as often as soiled, warm oil being dabbed on afresh round the buttocks, &c. If an infant's weight at birth is less than 3½ lb., these measures will not be sufficient. An incubator will have to be used to maintain a uniform temperature of pure air at about 85 deg. to 90 deg.

The child must be fed with the greatest care. The food, if possible, should be breast-milk. Frequently the child is too torpid and its muscles are too feeble for it to attempt to suck. It must then be fed with a spoon or with a glass syringe and piece of tubing. Half an ounce should be given every hour and a half, by night as regularly as by day. In extreme cases it is necessary to feed by a tube introduced through the nose into the stomach. The intervals between the feedings must then be considerably longer. The food is usually pre-digested.

Caput Succedaneum.—Two kinds of swellings may be found on the child's head (and, less frequently, on other parts of the body) after birth. The most common is the caput succedanem. It is a doughy, œdematous swelling containing serum and extravasated blood. It may extend over the sutures. It forms during labour on the presenting part of the child: the spot where there is the least amount of pressure. It is the result of pressure all round it causing an escape of lymph and a rupture of minute blood-vessels. It is external to the pericranium. When there has been a face presentation the swelling may make the child's appearance repulsive. The mother must be told that it will soon disappear. After a pelvic presentation the scrotum may be much swollen. A caput succedaneum usually disappears in a few hours, at the longest in a day or two. No treatment is needed.

Cephalhæmatoma.—This is a tumour containing blood found on the head. It is elastic and fluctuating, and continues to increase in size for some days. It is usually situated over one parietal bone. It never extends across a suture or over a fontanelle. It is the result of injury during labour, one or more small blood-vessels beneath the pericranium having been ruptured. Its presence must be reported to a medical man. As a rule, no treatment is required. Spontaneous absorption takes place. Care must be taken in placing and handling the child that the tumour should not be broken or knocked.

Inability to Suck.—A nurse should never overlook a child's difficulty in sucking. The most common cause is the mother's depressed or undeveloped nipples. An attempt should be made to draw them out gently with clean fingers. If this is unsuccessful, a nipple-shield must be used, the nurse drawing the milk herself until the shield is full, then changing the teat and placing the child to it. The shield and teats must be thoroughly cleansed and kept in boracic acid lotion. They are well rinsed in plain water before use. Other causes of inability to suck are cleft palate and hare-lip, tongue-tie and other deformities of the mouth, and severe hereditary syphilis. Sucking can only be carried on when the nose is free for respiration and the palate and jaw intact. Special feeding bottles are made for cases of cleft palate. In other cases resort must be had to a spoon or syringe and piece of tubing.

Tongue-tie.—It is a very common thing for women to decide that an infant is tongue-tied without any reason. If the child cannot protrude its tongue beyond its lips, it may be inferred that it is tongue-tied. The liberation of the tongue by the doctor is a simple matter.

The Administration of Union Infirmaries.

Speaking at the Annual Poor Law Conference for the South-Western District recently, Miss A. C. Gibson, Matron of the Birmingham Infirmary, in a paper on "The Administration of Union Infirmaries," said she could see only three ways by which any change could be made for the better in the administration of union infirmaries:—(1) By removing the sick altogether from the workhouse and placing them in convenient centres; (2) by arranging with the cottage hospitals to take severe, and the district nurses less severe cases in unions, where the number of sick was very small; (3) by forming centres in each district where probationers would receive most of their training, being drafted for one or two years to a small union for a part of it. The plan of nursing in small unions by engaging probationers was a most dangerous and unsatisfactory plan. The disadvantages of centralisation outweighed, she feared, the advantages, and the second alternative was open to very serious objections. As to the third possibility—the drafting of nurses from the large infirmaries to the small—before it could become in the least practical, they must cease to be parochial, and become national. It would be necessary to divide the country into districts, and probably probationers would require to be bound to serve for four years instead of three. The first year, and possibly the second year, of probation would be spent in the central infirmary, the third at one of the small infirmaries, and the fourth in the central infirmary again, to pass the final examination for the certificate. Some such plan, if it would not entirely remove the present impasse, at any rate would greatly relieve it.

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