uate Hospital, in which the above subject is referred to as follows:

As there appears to be a tendency toward a multiplication of hospitals for infants, it seems proper to consider the effects that such temporary housing and treatment are liable to have upon sick babies. In making a few observations upon this subject, the writer speaks only for himself. An experience of twelve years in studying the subject in the hospital, summer as well as winter, may serve to justify any conclusions. During this time, the observance of certain very constant phenomena lead me to believe that infants should be placed in an hospital only under exceptional circumstances. The principal reason should be an entire inability to secure proper care and attendance at home. Entrance to an hospital should be limited to acute cases of illness, and discharge should take place immediately upon recovery, even if the latter is only partial. A speedy or satisfactory convalescence is impossible for an infant in an hospital. The earlier the age the greater is the susceptibility to hospitalism, and the quicker it ensues. One of the first conditions to be noted is a progressive loss of weight that is not dependent upon the original disease, as it often takes place after recovery when the infant is not sent out soon enough. This ensuing atrophy bears an inverse ratio to the age, and is especially marked under six months. Older infants are less susceptible, but if kept long enough they will surely show stationary and then losing weight. This often takes place while the infant is apparently digesting its food, which may be the best that can be artificially produced. Beginning atrophy, not depending upon a lesion, should be an indication for immediate discharge from the hospital. If it gets beyond a certain point, no change of environment or food will save the infant. Accompanying this condition, there is marked hydræmia, dryness of the skin, and wearing off of the hair from the occiput. As a general rule, young infants should not be kept in hospital longer than a fortnight, unless for exceptional reasons. Another condition liable to develop in hospital infants is latent pneumonia usually of the hypostatic variety. It is very insidious, usually accompanied by little or no rise in temperature, and is often detected for the first time at the autopsy. I have very rarely made a post-mortem upon an infant dying from any cause in hospital that has not shown this lesion.

Female children that are kept too long in hospital frequently get up a more or less severe form of vaginitis. This does not necessarily point to any want of cleanliness or attention, but I regard it frequently as due to lack of tone and vulnerability of all the mucous membranes that accompany hospitalism. I have recently seen this exemplified at the Willard