its average temperature is intermediate between the greater heat of Auckland and the colder region further south. There is a marsh in close proximity to the southern extremity of the town, which is decidedly a disadvantage, especially in the heat and drought of summer, though the seaward hills and northern parts of the island are beyond the range of its influence. It is unwise to remain in Napier all the year round. The autumn is simply perfect, and the winter months are generally fine. My principal object is to draw attention to a locality which is already much favoured as a health resort by the inhabitants of Napier during the summer months. The plateau of Kuripapanga is situated in the Ruahiné mountains, at an altitude of about 1,700 feet above the sea. It is fifty miles inland from Napier, with which communication is maintained once or twice a week by coach. The plateau proper, in itself of small extent, is bounded on three sides by precipitous mountains, and on the fourth by the river Ngarororo, which runs partly round the northern angle and divides the plateau from the more open and undulating ground, through which winds the road to Napier. The climate here during the summer is dry and invigorating, and, although the temperature may probably be as high as it is at the coast, there is no relaxing or exhausting effect. The surrounding hills protect Kuripapanga from the hot winds of the north-west in summer, and from the cold winds of the south in winter. The average temperature is, therefore, higher and more equable than that of the surrounding country. This is a great advantage in winter; and, though the heat in summer is for the same reason greater, yet a ride or climb of a quarter of an hour will make a considerable difference, as a cool breeze is nearly always to be met with among the hillsides. During the winter the mountains around Kuripapanga are covered with snow, which falls in the valley also, but quickly melts there. There are occasionally heavy storms of thunder and rain, and of course bleak and cold days during the winter; but the configuration of the country tends to promote dryness of the soil and of the air, as the mountain sides rise abruptly, in some places sheer from the river Ngarororo, which winds among them, the result being that, when a heavy fall of rain occurs, the water rushes bodily down the gulleys and ravines, and is carried away at once by the river. The plateau is elevated about 80 or 100 feet above the bed of the river. The soil of the valley is productive, and good country fare can be always obtained.

The health-seeker must have some resources in himself, and must make up his mind to forego in some measure the pleasures of society. There are, however, many ways in which he may amuse himself. He can always procure a horse to ride. Should he care for sport, he may have a day's pig-shooting, or may pick up wild duck along the river banks. Then, should he be anything of an artist, he will not be likely to suffer from *ennui* amidst the magnificent and varied scenery. The geologist also, or mining engineer, will find plenty to occupy his leisure, as the mineral resources of the range are supposed to be great. Traces of gold have been frequently found, while coal and iron are known to exist in considerable quantities.

Leaving Kuripapanga, the road into the interior ascends to an elevation of about 3,000 feet above sea-level. A stretch of the true New Zealand bush or forest can be reached by a drive of about eight miles, and a little further on a view can be obtained of the great volcanoes Ruapehu and Tongariro, rising snow-capped to the height of 8,000 feet.

A personal experience enables me to speak in the highest terms of the Kuripapanga Hotel. New arrivals are astonished to find a really first-class hotel in the heart of those mountains. This hotel, however, is not a sanatorium; and, as I write without the knowledge of the proprietor, I cannot affirm that he would be prepared to receive confirmed invalids.

The cases which should do best at Kuripapanga are those in which the lung is merely threatened, or when the disease has made but little progress; and in such cases a residence there all the year round would be desirable. Patients differ much, however, in their power of resisting cold, and those who feel a winter in the mountains too trying may return to Napier at that season. A residence at Napier and at Kuripapanga alternately will secure a fine climate all the year round.

ATHY WORKHOUSE.—The hospital accommodation having been found insufficient, steps are being taken by the guardians to extend it, and the Local Government Board has given its sanction to the proposed addition.

STRANGULATED CÆCAL HERNIA IN A CHILD: RADICAL CURE BY TWISTING THE NECK OF THE SAC.

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CÆCAL HERNIA should be rare in children, if one may judge of the frequency of such an occurrence by the sparseness of recorded cases in medical literature. Mr. Treves, in an excellent summary of the subject, states that cæcal hernia is practically limited to adults; he quotes a case by Sandifort (*Icones Hernie Congenite*, 1781), in a male infant, aged three months, and refers to others reported by Mr. Lockwood, Cloquet, and Wisberg. Mr. Wright, however, gives five examples verified by operation, cases which occurred at the Children's Hospital, Manchester, and avers that "cæcal hernia is not very rare in male children" (*JOURNAL* of March 5th, 1887, p. 506). It is noteworthy that in all these cases the hernia was of the congenital variety, as in the present instance.

A male infant, aged fifteen months, was brought to the children's department of St. Mary's Hospital, having a large right scrotal hernia, on May 4th, 1887. The child had suffered from sickness during the day previously to admission, and had passed no motion since May 2nd. The rupture had been noticed since birth, but the mother stated that it had become much larger on May 3rd. The hernia was irreducible when the child was placed under the influence of chloroform, and therefore herniotomy was decided upon. The strangulated portion of gut was found to consist of the cæcum with vermiform appendix, contained in a perfectly distinct sac, at the fundus of which was the testicle; the vermiform appendix lay somewhat posteriorly to the exposed portion of the cæcum, and could not be seen until the relations of the parts were disturbed in order that the protruding intestine might be thoroughly examined. The gut involved was moderately congested, and much difficulty was encountered in reducing it, even after the external ring had been notched with the knife, a difficulty which was no doubt incidental to the large size of the hernia; and, although carefully manipulated, the coats of the cæcum were bruised, and its peritoneal covering—which completely surrounded it—was lacerated during reduction.

With a view to producing a radical cure, the sac was dissected up from its attachments, divided circumferentially above the testis, and its neck twisted by the fingers, a catgut ligature being tied tightly around the twisted pedicle just inside the external ring: the sac was then cut away immediately below the ligature.

The whole operation was carried out antiseptically, but convalescence was retarded by an attack of orchitis and suppuration in that portion of the sac which lay around the testis—circumstances attributable to the failure of the antiseptic precautions after the third or fourth day.

When seen on December 28th, the scrotum and testis were perfectly normal, and there was no evidence of any tendency to hernia on the right side. On the left side a congenital scrotal hernia existed, but this was considerably smaller than it was when the child was first seen. A double inguinal truss had been worn since the wound had healed.

The radical cure obtained in this case may be cited as confirming the experience of Mr. M. Ball, of Dublin, of a method of procedure adopted and fully described by him in the *JOURNAL* of December 10th, 1887. He there advocates the use of torsion forceps as a means of twisting the sac; but the same result was easily attained in the present instance by the fingers alone. Whether or no the diminution in the size of the hernia of the left side can be ascribed to the "far-reaching effect of torsion of the sac," as Mr. Ball maintains may be the case, is, of course, an uncertainty.

VACCINATION GRANT.—Mr. W. F. Sheard, L.R.C.P. Ed., public vaccinator, Putney district, has received an award of £14 6s. for efficiency in vaccination, this being his fourth award.

A new medical ward has been opened at the Rotherham Public Hospital and Dispensary, affording increased accommodation to the extent of twenty beds.

"A LADY" has given one hundred guineas to the British Home for Incurables.—Mr. E. Armitage and the Rev. F. Jacox have each given £50 to St. Mary's Hospital.