

periods together. In most of my cases the average loss in weight was from 2 to 3 st. and 12 in. in abdominal girth. The stored carbon rapidly disappears. The Terra del Fuegians at Westminster, as Dr. Herschell urges, are good specimens of a diet almost entirely confined to lean horseflesh and water, and the all-important questions raised should be fully discussed. I agree with all Dr. Herschell puts forward, but wish to add my mite of experience gained in treating obesity by largely diluted animal food, in order to elicit from some of the well-known men who make dietetics a specialty their views on Dr. Herschell's carefully considered paper. — *W. Towers-Smith in The Lancet.*

PROLAPSUS RECTI DUE TO LARGE STONE IN THE BLADDER OF A CHILD THREE AND A HALF YEARS OLD—REMOVAL—CURE.—

Mary X., three and a half years old, came under my notice as a dispensary patient in November, 1888, with the following history, as furnished by the mother: About one year before presentation the child's gut was found prolapsed after each stool, and she appeared to be in great pain in passing her urine. She was taken to a number of physicians and dispensaries for treatment, and presented at almost all the clinics as a case of inveterate and severe prolapsus recti, and many methods of treatment were tried without affording the child the slightest relief or improvement. At my first examination I found the child to be anæmic, nervous, and cachectic in appearance, and suffering from diarrhoea and bronchitis. The rectum was prolapsed two inches, and during the examination it came down fully seven inches, and presented a slightly bleeding surface. A straining effort on the part of the child forced urine from the bladder, which was collected, and found to contain pus and much epithelium, as evidence of cystitis.

The sphincter ani was relaxed to such an extent that three fingers could be passed through it without an effort. The child was then anæsthetized, and a more careful examination showed the presence of a large stone, free, in the cavity of the bladder.

Speedy removal of the stone was suggested, and the suprapubic operation decided upon,

on account of the large size of the stone and the facility of access by this operation.

The bladder was first thoroughly irrigated with a warm solution of boro-salicylic acid, and, after division of the skin in the linea alba, the patient was put in Trendelenburg's position, with head low and raised pelvis, by which means it was comparatively easy to avoid the reflection of the peritoneum.

It was not found necessary to raise the bladder by inflating the rectum,—two fingers of an assistant passed into the rectum being sufficient to bring bladder and stone into a convenient position above the symphysis. The bladder was now incised and the large stone removed with some difficulty, thereby producing slight laceration of the margin of the incised bladder.

Owing to this slight and unavoidable laceration primary union was not contemplated, but the bladder was sutured, nevertheless, and the wound filled with loose iodoform gauze, and the usual antiseptic dressing applied. The temperature of the patient was normal throughout the entire healing process, except on the third day after operation, when it rose to 102° F. for a few hours. The process of healing was all that could be desired, excepting a small leak in the suture, which was detected on the fourth day. At the end of three weeks the wound had closed, and the child was discharged cured.

During the time of convalescence the rectum came down once, and not again afterwards. The stone—which I here show you—is twice as large as a pigeon's egg and weighs twenty grammes.

Its presence in the bladder of the child had evidently caused the rectum to prolapse as a direct consequence of frequent straining, and its removal permitted the parts to assume their normal and natural condition.—*A. Caillé, M.D., New York, in Archives of Pediatrics.*

THERMO-PALPATION.—It has been known for some time that there is a difference in the surface temperature of the body corresponding to the organs underneath—that is to say, the temperature is higher over the lungs than over the liver or the heart. From a communication published in the *Orvosi Hetilap*, one of the