he will very probably develop a hernia into the pleural cavity at a later date.

A good example of the course of such cases will be found on p. 236.

A case in which a rupture of the diaphragm was associated with escape of viscera into the chest was operated on by Mr. Berry in the Royal Free Hospital.

Male, aged 19, buffer accident. Admitted November 11, 1898, in a state of collapse, with superficial evidence of injury over the upper part of the abdomen, in the loin, and over the lower ribs. No air could be heard in the chest below the third rib on the left side, and the left side was dull behind the mid-axillary line. Very marked pallor was a prominent sign. There was much sickness (beginning on the third day), the vomit being coffee-coloured, great thirst, and not much pain. On November 15 the heart was evidently displaced to the right and a tympanic resonance extended over the front of the left chest almost to the clavicle, and blended below with the abdominal resonance. A "*bruit d'airain*" was heard over the tympanitic area. The breath sounds were normal over the right lung. The diagnosis lay between pneumothorax and gastric hernia. Operation, midnight of 16th. A large hole was felt in the diaphragm, through which about half the stomach, the transverse colon, the duodenum, half the spleen, and the upper half of the left kidney had passed into the thorax. The hole was as large as a man's fist, situated between the diaphragm and the last rib. Two stitches secured the liver over the opening after reduction of the protrusion. The patient died at the close of the operation.

It is possible in performing an operation for empyema in a child to pass through the diaphragm when making the incision, if the lower part of the pleural cavity is obliterated by adhesions. Such an opening should be carefully sutured and the pleura drained at a higher point.

In gunshot injuries the diaphragm is frequently traversed by a ball, but the injury to this muscle need not be specially considered, as it is probably unimportant compared with that inflicted on the other structures.

From the great danger of diaphragmatic hernia which almost invariably follows rupture or wound of the diaphragm, such injuries should be repaired as much as possible by means of direct interrupted sutures when the condition of the patient permits. The transpleural route will be the better one to use.

I cannot too strongly impress upon those responsible for any patient suffering from an abdominal injury the importance of watching the pulse. It is necessary to insist upon a careful