very tender swelling to one side of the middle line; this swelling is chiefly produced by extravasation between the ruptured ends which are concealed by it.

In cases where operation can be performed the sheath of the muscle should be opened and the ends sutured: in this way the patient will obtain a stronger union and recover most quickly. Should his condition not permit of the operation, he should be placed on his back in bed, in such a position that the abdominal wall is fully relaxed. On account of the strength of the anterior sheath of the muscle it is unnecessary to make the patient wear a truss afterwards.

The ruptures of the diaphragm which occur independently of gunshot wounds, stabs, etc., are usually found on the left side, and are produced by a sudden and great increase of intra-abdominal pressure. Severe muscular efforts, as in vomiting and parturition, have caused this lesion, but there may be a less evident cause, as in the patient whose case is recorded in the *British Medical Journal* of 1858.

Here a man of 20 was admitted to St. Mary's Hospital "suffering from pneumothorax and diaphragmatic hernia," from which he died thirty-two hours after admission. He had slipped while walking in his own house, and in trying to save himself from falling given himself a severe twist, when he felt something snap at the lower ribs on the left side, followed by great pain, to such an extent that he could hardly breathe for some minutes.

B. When complicated with injury to the viscera there has been some severe violence inflicted, such as a crush between buffers in shunting, or the subject has been run over.

In Holmes's "System of Surgery," Vol. II., the case of a man aged 24 who had fallen from a scaffold is given. He lived for eleven weeks, and at the *post-mortem* examination the inferior surface of the diaphragm was lacerated from the median line to the extent of 6 inches to the left side. The spleen had been separated into two pieces; there were the remains of an extensive extravasation of blood and much suppuration both below and above the diaphragm in the region of the rupture.

A wound of the diaphragm may be very readily produced. A stab from a knife in civil brawls or a lunge from a bayonet in warfare may produce it, either from the front or the side. It is then likely to be seriously complicated with injury to one of the viscera and dangerous hæmorrhage. If the patient recovers from the immediate dangers incidental to such wounds