

as far as the duodenum, then turns suddenly back on itself and ascends in the great omentum against the stomach to its upper end, then turns sharply down on the body wall, loses its mesentery and runs on the wall to the brim of the pelvis, where it turns suddenly into a large loop extending up again as high as the liver before turning to come down into the rectum.

Diaphragmatic hernia seems to be a fairly common condition as Ballantyne ('04) collected one hundred cases in the literature from 1888 to 1900. It is a peculiar coincidence, that in one of those cases, just as in this present one, there was also absence of the ulna. This is all the more interesting because Ballantyne states that associated malformations occur less frequently in conjunction with ulnar defects than with defects of other bones in the limbs.

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