

the costal pleura passed on down as parietal peritoneum on the abdominal wall.

The hernia is thus of the variety known as *hernia diaphragmatica spuria*. Cases of *hernia diaphragmatica vera* have a hernial sac formed of diaphragmatic peritoneum and pleura invaginated into the pleural sac, so that the abdominal viscera are not in reality in the pleural sac. In this case however, there is no hernial sac, but a complete hole through the diaphragm and its coverings. The genesis of this condition I would interpret as a persistence of the embryonic pleuroperitoneal passage, the original communication between the pleural and peritoneal cavities, which has not been shut off, due to the failure of the septum transversum to grow back on this side. The left side normally closes a little later than the right (Keibel and Mall, '10) and this may be one factor in the greater prevalence of hernias on the left side.

This defect in the diaphragm must have had its origin during the development of the structure, and so occurred between the fourth and eighth weeks of intra-uterine life, probably, on account of its size, in the first half of this period, say the fifth week, which synchronises exactly with the production of the defects in the limbs and vertebral column.

The heart has been pushed over entirely to the right side by the other viscera, but apart from its position is quite normal. The left lung shows two lobes, but is extremely small and flattened against the mediastinal wall just above the heart. The abdominal viscera are all fairly normal in relation to each other and seem to have been rotated en masse up and over toward the right. The left lobe of the liver is thus vertical, and against the mediastinal wall. The oesophagus comes from behind the upper end of the heart into the stomach and the latter is vertical, the pylorus being in the abdomen. The duodenum lies over the vertebral column and the small intestine runs from it into the pleural cavity, successive coils being piled continuously above the previous loops up to the apex of the cavity, where the gut is reflected down medially. Opposite the lung occurs the junction with the caecum and appendix. The colon descends