patient was not inconvenienced during the operation, but suffered from cyanosis and dyspnoea for a day or two afterwards. However, she made a perfect recovery and the lung was fully expanded by the end of a week.

The principles of the technique of the operation were the same in the three cases; minor differences consisted in the removal of different ribs according to the one to which the growth adhered.

In performing the operation as a means of access to the pleural cavity it was found in the war cases most convenient to reflect the fourth rib; this seemed to give the most direct approach to the pleural cavity as a whole. An incision is made in the axis of this rib, the pectoral muscles split, and the rib reflected subperiosteally. In older patients it seems wiser to remove the rib. The pleura is divided in the same direction as the skin incision and to such an extent that the hand may be passed into the chest. If a rib spreader be inserted and opened widely the whole of the pleural cavity can be easily inspected. The most difficult part of the operation is the closure of the pleural membrane. This tears rather easily, and owing to the rigid structures overlying it will not pull together as the peritoneum does. Fortunately it does not seem to matter very much if a close approximation is not effected. Some slight temporary surgical emphysema sometimes follows, but by no means always. If the rib has been reflected it is stitched back into place by passing one or more sutures through the cartilaginous end into the cartilaginous piece left at the sternum, for the division should be made when possible through the cartilage in the first place. The muscles are drawn together with sutures, and finally the skin wound closed; no drainage is necessary unless there has been much bleeding and some risk of infection. In these circumstances it was found in the war cases that it was much better to drain from the back after completely closing the wound in front.

The anaesthetic used was ether in every case, given by the ordinary method of inhalation; any contrivance used to prevent the lung from collapsing would be a disadvantage, and the ordinary method seems to be quite safe.

THE RHEUMATIC TYPE.

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THE belief that a certain type of individual is particularly susceptible to certain diseases was at one time widely held, and, although this view is not generally accepted at the present day, references to the rheumatic type of child are still far from uncommon. It is believed by many that fair children, those having red, sandy, or auburn hair, are especially prone to develop rheumatic fever. Shrubsall examined 133 rheumatic patients, and, taking the colour of the hair as a criterion, found that 75.19 per cent. of these cases came under the heading of fair and 24.81 per cent. dark. Llewellyn and others have supported this theory, but have not given such exact figures. Shrubsall compared his findings with those of Beddoe, who examined 6,000 Londoners, of whom 58.4 per cent. were fair and 41.6 per cent. dark, and with his own records of patients suffering from non-rheumatic diseases, and his conclusions were that "the blonde traits are associated with acute rheumatism, heart disease, and tonsillitis."

For the purpose of comparison the characteristics of 562 rheumatic children, patients at either Queen Mary's Hospital, Carshalton, or the Downs Hospital, Sutton, have been recorded and are set out in Table I, together with Shrubsall's and Beddoe's findings. To make the investigation still more complete similar records have been kept relating to 536 other patients at Queen Mary's Hospital, all London children of the same age group as the rheumatics, but admitted on account of various orthopaedic and other non-rheumatic conditions.

TABLE I.—Comparison of Rheumatic and Control Cases: Colour of the Hair (expressed as Percentages).

	Fair Hair.			Dark Hair.		Total Fair.	Total Dark.
	Red.	Fair.	Light Brown.	Dark Brown.	Black.		
Rheumatic cases:							
Shrubsall's 133 cases ...	21.05	21.05	33.09	23.31	1.5	75.19	24.81
Q.M.H. & D.H. 532 cases	6.4	15.9	27.9	48.6	0.18	51.2	48.78
Controls:							
Beddoe's 6,000 ...	4.4	12.1	41.6	37.4	4.4	58.4	41.6
Q.M.H. 535 ...	3.1	20.2	43.1	33.6	—	66.4	33.6

In this table it will be seen that there is no very significant difference between the findings for the two control groups and those for the rheumatic cases at Queen Mary's and the Downs Hospitals, but there is a very marked difference between these latter and those for Shrubsall's cases. This difference is brought out in a more striking manner in Table II.

In Table II the cases from Queen Mary's and the Downs Hospitals have been subdivided into the distribution adopted by Shrubsall, and it shows that while out of his 133 cases 47 had either red or fair hair and blue or light-coloured eyes, among our 562 cases there are only 60 in this category.

The theory has also been advanced that a large proportion of rheumatic children are non-pigmenters, and that unusual dryness of the skin is commonly met with among them. It is difficult to record in any simple table the various types of skin or degrees of pigmentation obtained, but the rheumatic patients at Carshalton are exposed to natural sunlight during the summer, and many of them have artificial heliotherapy during the darker months, and they seem to respond to it very much as do the other patients. All degrees of pigmentation are obtained and non-pigmenters are met with, but there seems to be no constant deviation from the ordinary response to light among the rheumatics. In a certain number of cases the skin has been found to be dry, but this condition is not more commonly met with among the rheumatic than among the non-rheumatic patients.

Conclusion.

A general survey of the patients or a special investigation of any particular characteristics leads to the conclusion that there is no type that can fairly be described as the rheumatic type of child.

LITERATURE.

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TABLE II.—Rheumatic Cases: Colour of the Hair and Eyes (Actual Numbers).

Hair:	Red.				Fair.				Light Brown.				Dark Brown.				Black.			
	L.	N.	D.	Total.	L.	N.	D.	Total.	L.	N.	D.	Total.	L.	N.	D.	Total.	L.	N.	D.	Total.
Shrubsall's 133 cases ...	22	2	4	28	25	1	2	28	21	4	16	41	7	4	20	31	2	0	0	2
Q.M.H. & D.H. 532 cases ...	17	15	4	36	43	47	5	95	62	70	25	157	53	123	97	273	0	1	0	1

L = The light-coloured eye. N = The neutral eye. D = The dark eye.