

my previous views in regard to the homology of this muscle. I have been convinced that it does not belong to the panniculus group, but very probably should be classed with the pectoral group for the following reasons:—

1. In seven out of the nine muscles found in these monsters (three had double muscles) the nerve-supply was furnished by the anterior thoracic; one of these seven, however, in addition, received a small branch from one of the intercostal. In the other two muscles, occurring in the same foetus, I was unable to satisfactorily make out the nerve-supply, but am inclined to believe it came from the anterior thoracic (Case III.).

2. In three the fibres of the abnormal muscles were continuous with those of the greater pectoral (figs. 1, 2, 6), and in one (fig. 5) the fibres pierced the greater pectoral.

3. In several the insertion of the musculus sternalis was covered by the pectoralis major, and the origin was in common with the upper sternal fibres of the pectoralis major (figs. 1, 4, 6).

4. The greater pectoral was deficient on the side on which the musculus sternalis was present in eight cases (figs. 1, 2, 3, 5, 6).

5. In one (Case VI.) the right *platysma myoides* was well developed, and passed some distance below the clavicle. It was separated from the musculus sternalis of that side by fascia and a thick layer of fat, and was on a plane quite superficial to the musculus sternalis.

In all the cases except one (fig. 3) the abnormal muscle was quite large and well developed, and had an attachment to the sternum and costal cartilages. The majority of the muscles were triangular in shape, though some were fusiform. In the last three dissected I had no difficulty in tracing the nerve-supply, as the nerve was always found passing along the interval which existed between the two portions of the greater pectoral, thence over the pectoralis minor, through the costo-coracoid membrane, to the internal anterior thoracic nerve. The nerve always entered the muscle on its deep surface. In three of the subjects the muscles were continuous with the sternal insertion of the sterno-mastoid (figs. 1, 2, 4). In two a portion of the muscle blended with the aponeurosis of the external abdominal oblique.