

The second specimen I have to show this evening is more of special anatomical than of general practical interest, so the note is a brief one.

The internal maxillary artery, the larger of the two terminal branches of the external carotid, passes under cover of the neck of the lower jaw, and usually upon the surface of the external pterygoid muscle. Not infrequently, in about $41\frac{1}{2}$ per cent. of cases, according to Dr. Shepherd, *Ref. Handbook of Med. Sciences*, it passes under cover of the external pterygoid muscle, between that muscle and the branches of the inferior maxillary division of the fifth nerve.

In this specimen the internal maxillary artery passes very deeply behind the third division of the third nerve and behind the foramen ovale, resting upon the chorda tympani nerve at its exit from the skull, and upon the base of the external pterygoid plate. The middle meningeal artery therefore has a very short course, about one-quarter of an inch, before reaching the foramen spinosum, and the auriculo-temporal nerve passes entirely in front of it.

On the other side of the head the internal maxillary artery was also under cover of the inferior maxillary division of the fifth nerve.

My excuse for showing this specimen is that, so far as I am aware, such a position of the artery has not hitherto been recorded.

F. J. SHEPHERD, M.D. Kidneys now are cut down upon and removed so often that when we get down upon such an one as this it is rather interesting, more especially as nearly all these kidneys have an abnormal supply of blood vessels, both in number and position, and this is a practical point which the operator should know. Another important point is that in all these anomalous kidneys you have an anterior position of the hilum. The second specimen is interesting from an anatomical standpoint only. As to the frequency of Horseshoe kidney I have seen about a dozen cases only in the dissecting room since 1875.

PULMONARY EMBOLISM.

A. E. GARROW, M.D., read a case report of pulmonary embolism following removal of stone from ureter.

F. G. FINLEY, M.D. The thrombi in the majority of these cases it seems to me has no connexion with operation; in this case it is more than probable that the patient would have died of embolism, apart from operation. I remember a patient who died of this condition after an operation and it was found that the embolus had come from the right side of the heart, which was dilated and fatty. The clot had formed in one of the auricles, and had been carried off and lodged in the lung.