

ribs on the right side were normal in number and character, as were also the remaining ones on the left side.

A point of some interest from a physiological view, was the perfectly well developed inter-costal muscle between the branches of the forked rib. When we remember that these muscles had fixed points of origin and insertion, not allowing for any contraction of the muscular fibres, we would not be surprised to find them atrophied or poorly developed. The fact of their being as well developed as any of the others leads to the conclusion that they must play some part in the respiratory act other than the mere changing of the position of the walls of the thorax. Conclusions from one case, though, are far from satisfactory.

Similar cases have no doubt been reported, only one, however, that I have been able to find recorded, resembled this. The case recorded—that of a Brooklyn physician, whose sternum was forked, being divided its entire length, save at the upper end—the intervening space filled with what might be called inter-sternal muscular masses similar to the inter-costals, and through which could be observed with ease and accuracy many of the obscure points about the heart.

The specimen from which the drawing was made is now in the museum of the Methodist Episcopal Hospital, Brooklyn, N.Y.

OPERATIVE MIDWIFERY AS IT WAS TAUGHT TO ME AND AS I PRACTISE IT.*

BY DR. HARRISON, SELKIRK, ONT.

I feel rather out of place in undertaking to address the meeting on this subject. Dr. J. C. Cameron, of Montreal, was to have given the address on obstetrics, and I was to follow him. I had no idea of the line that Dr. Cameron would take and I had prepared nothing, but was going to follow his lead. I will take for my theme, operative midwifery, as it was taught to me, and as I practise it. It is nearly forty years since I commenced the practice of midwifery, and more than forty since I commenced its study; and I well remember how elaborately operative midwifery

was taught. We were shown the different forms of forceps—the advantages and disadvantages of each explained—the method of applying them in the different presentations and positions shown on the manikin. Then the elaborate preparation of the patient—her body brought across the bed, her hips at its edge, her legs on two chairs, an assistant to control each leg, and a third to steady her back. Then as to when we were to apply the forceps—the directions were nearly as short and terse as the advice of Mr. Punch to those about to commit matrimony—"don't"—we were told that it was a very dangerous operation. We were shown by statistics the number of deaths that took place from the use of the forceps, and we were told not to apply the forceps until we were positively sure that nature could not complete the delivery. We were, moreover, told that we were not to take our forceps with us—that there would be too much temptation to use them. The impatience of the patient, the anxiety of the friends, and the doctor's wish to show that he was really doing something, would induce him to use the forceps before he ought to.

When I went home to practise, it was in a new country. The roads were bad and I had to travel on horseback, and those of you that have ever tried the experiment, and those that have not, may remember Obadiah's experience in carrying Dr. Slop's instruments on his high trotting-horse, and will know that carrying the long forceps on horseback is not conducive to the equestrian's comfort, and I was easily induced to leave mine at home. I had not been long in practice until I had a case in which I thought I should use them, but I was seven or eight miles from home, the night was stormy and dark and I put it off, but finally sent for them. I got the forceps and applied them, and in a minute or a minute and a half, my patient was over it. I was imbued with the idea that it was rather a serious operation, and I remember saying to my patient, "I need not tell you that you ought to keep still, because you will feel like it." She was a strong German woman, and when I next came back to visit her she was sitting up combing her hair, and she rapidly recovered. I could not help thinking that if I had had my forceps with me I could have saved the woman and her friends a great deal of anxiety, and herself five

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