

*by the long-suffering and uncomplaining members of associations.**

These utterances unquestionably seemed altogether Utopian at the time they were breathed forth by their gifted, far-seeing author, but from what has already been realized in the direction here indicated, are we not justified and encouraged to look to the future with the keenest feelings of hope and confidence, as well as to the past with equally lively feelings of pride and gratitude; for who shall presume to say, so far as the march of modern scientific medicine and surgery are concerned, "Thus far shalt thou go, and no further." For my own part, Mr. President, I have long felt that our profession, as such, has been entirely too modest. Like true worth in general, it has refrained from asserting itself and demanding the power and position justly due it. The irresistible logic and force of facts and circumstances, however, are working many deeply important changes on men and things, and to the watchman on the watchtower, nothing is more obviously perceptible among the coming events of the near future than the promotion and elevation of the medical profession to a position of eminence and power which its intrinsic greatness and vital usefulness justly entitles it to.

A CASE OF BIFURCATED RIB.

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Deviations from the accepted standard are found by the pathologist at almost every necropsy.

These departures belong in a general way to two classes: those of congenital origin and those caused by disease, injury, or habit. The congenital cases may be subdivided into cases which are of surgical or scientific importance and cases which have little value beyond being curiosities. To the latter class or subdivision belong the case now reported.

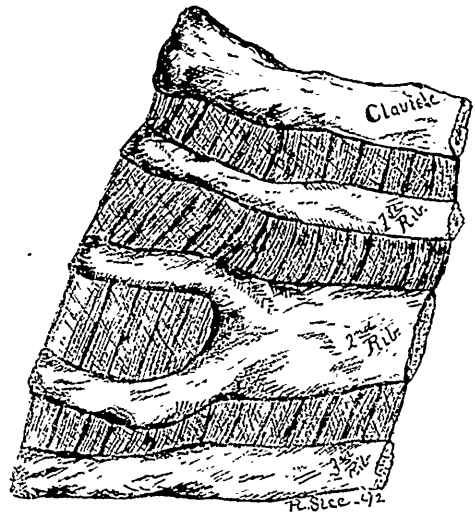
Recently, in holding an autopsy on a physically

well-developed man, dying of pneumonia, otherwise apparently normal, something attracted the writer's attention to what was apparently an extra rib, attached to the sternum on the left side.

On removing the sternum and counting the ribs from the pleural side of the chest wall, thirteen were distinctly found, and the story of our first patient losing a rib from which was constructed a help-mate flashed through my mind.

Examination of the ribs at their spinal attachment showed only twelve.

Dissecting the mass of chest muscles away from the ribs, well around toward the spinal column, there was revealed the specimen shown in the accompanying cut. It will be seen that the clavicle is about nor-



mal. The first rib is normal except at its sternal end, where it is somewhat smaller and rudimentary in character. The second rib, which is the main point of interest, is about twice the normal width, and as is shown in the cut, is bifurcated at its sternal end, the division taking place at about the axillary line on the left side. The branches of the rib extend forward and toward the meridian line, where they had separate and perfect sternal attachments, simulating normal ribs in every respect. The third rib resembles the first in its rudimentary sternal end. This lack of development in the first and the third rib, being an act of accommodation on the part of nature, allowed for the increased width of the forked rib, and its perfect costal cartilages, in this way obviating the otherwise unavoidable deformity. All the

* The sentence in italics is somewhat paraphrased from the original.