

below by a tendinous arch. I have no record of any abnormality occurring in the muscles of the back, except that the levator anguli scapulae is often divided into two or more slips, which often have a much more extensive origin than is usual, sometimes arising from as many as six vertebrae.

In one subject there was rather a peculiar arrangement of the flexor brevis digitorum of the foot. It was divided into two distinct parts, which crossed each other. The superficial portion arose from the great tuberosity of the os calcis and divided into two tendons, which went to the second and third toes. The deep portion arose from the tendon of the flexor longus digitorum above the insertion of the accessorius muscle, it then passed downwards and outwards and also divided into two tendons, which went to the fourth and fifth toes.

I have very frequently seen the tendon of the short flexor distributed to the fifth toe, absent, or so small as often to be overlooked by a student; when it is of small size it is seldom perforated by the long flexor. I have also several cases of the abductor ossis metatarsi quinti (Wood) recorded.

*Arterial System.*—Abnormalities of the arch of the aorta were few. There were two examples of the left carotid artery arising from the innominate; three examples of a middle thyroid artery being given off from the innominate. In one of these cases the middle thyroid was of very large size and anastomosed freely with the inferior thyroid.

In one subject there was rather a peculiar (and as far as I know hitherto undescribed) aberrant artery given off from the thoracic aorta opposite the upper border of the fifth dorsal vertebra, from here it proceeded upwards and towards the right side, running *over* the oesophagus and behind the arch of the aorta to the right bronchus, where it gave off two small branches to the bronchial glands, it then continued on upwards in a tortuous course to the right side of the trachea, ending finally in the lower border of the second part of the right subclavian artery. This aberrant artery was about the size of a goose quill. It is well known that the right subclavian sometimes arises from the descending aorta owing to atrophy of the 4th