

That the ribs should divide at their outer extremity was but in keeping with the general law of variation that re-duplication of parts shows itself most often in the distal portion of an organ, and agreeable to this same law it might be stated that bifurcation of the costal cartilages is more frequent than the well marked bifurcation of the ribs themselves. As Professor Struthers pointed out, the condition has a clinical interest, as it might well give rise to a mistake in indicating the position of a chest symptom or of a fracture.

Dr. F. J. SHEPHERD thought that the suppression of the ribs was the interesting point in these cases. He was not aware that when this condition occurred only eleven ribs were present, and he should like to know if there was a deficiency in the number of vertebræ also. He had four or five specimens at the college, but in none of them had the ribs or vertebræ been counted.

Symphysiotomy.

Dr. KENNETH CAMERON reported a case. (See page 427.)

Dr. LOCKHART referred to the unhygienic surroundings in the house where the operation was performed. He had often wondered why the operation was not performed more frequently, as with care perfect asepsis could be easily obtained. He had seen the patient a few weeks ago in a neighbour's house, and she was doing well, having no difficulty in locomotion.

Dr. T. JOHNSON-ALLOWAY, while in Germany this summer, had had a conversation with Professor Zweifel, of Leipzig, who had seen sixteen cases, several of which had been operated upon by himself. Zweifel thought there was a good future for the operation. His methods differed from those ordinarily carried out in the following points: After dividing the symphysis he did not use the forceps, but left it to nature to deliver the child; he used silver sutures in some cases and silk-worm gut in others; and he used a broad leather strap pulled tight around the pelvis and adjusted it, occasionally tightening or loosening according to circumstances. He thought, moreover, that there would undoubtedly be cases of halt, as referred to by Dr. Cameron, from not obtaining good union in all cases, and that this was sometimes a serious matter.

A Case of Pyæmia.

Dr. W. F. HAMILTON read the clinical history, Dr. C. F. MARTIN the pathological report. (See page 421.)

Dr. ADAMI thought that the main interest in the case centered in the heart. There was ulcerative endocarditis affecting not only the left side of the heart, but the tricuspid valve also (a condition distinctly rare). That the lungs were perfectly free from disease was noticeable