

would explain why the right inferior laryngeal nerve recurved around the vertebral artery instead of the subclavian.

In the same subject, on the right side, there was but one *pulmonary vein*. This was of large size, and, in place of emptying into the left auricle, it joined the vena azygos major just before it arched over the root of the right lung. The combined veins emptied into the superior cava. Unfortunately, I only saw this specimen when the heart was in a mutilated condition, and hence could not satisfactorily examine that organ. A part of the blood going to the right lung would have a very small circuit, viz., from the superior cava to right auricle, thence into the right ventricle through the pulmonary artery to the lungs, then back again to the superior cava by the right pulmonary vein, and so on. Thus aerated blood would be continually passing into the venous circulation.

In the same subject the kidneys were supplied by several arteries. The obturator arteries were given off from the epigastrics, and, on the right side, the lingual and facial arose by a single trunk, while on the left side the lingual and superior thyroid arose together. The teeth were very irregular and badly formed, and the superior maxillæ proper distinctly overlapped the inter-maxillary bones.

I might add that in this remarkable subject no trace could be found of the levator ani muscle; its place was taken by pelvic fascia.

II. *Absence of the Right Inferior Thyroid Artery, its place being taken by a large branch from the Innominate—Origin of Left Inferior Thyroid from the Left Common Carotid.*

This arrangement of the thyroid arteries in the same subject is so rare that, as far as I am aware, no similar case has ever been reported. Two branches only were given off from the transverse arch of the aorta, the innominate and left subclavian. The left carotid was a branch of the innominate. Near the bifurcation of the innominate a large branch was given off, which crossed the trachea and coursed up its left border to supply the lower part of the left lobe of the thyroid gland. As it crossed the trachea it gave off a small branch which ascended the trachea to the gland. This abnormal artery would have been much in the way in performing the operation of tracheotomy.

The right inferior thyroid was a branch of the common carotid three quarters of an inch from its origin; it was of large size, and passed directly up to the right lobe of the thyroid gland. There was no thyroid artery given off from either subclavian artery; the other branches of the axis were given off separately. All four thyroid arteries were of large size.

The absence of the left thyroid may be explained by the fact that the anastomotic branches between the middle thyroid and the left inferior thyroid enlarged abnormally, and in consequence there was a diminution and afterwards a disappearance of the normal inferior thyroid.