

was attached to a long pedicle and floated high up in the abdominal cavity. The cavity was irrigated, the wound closed without drainage, and the patient left the hospital well on the thirtieth day after operation.

Dr. ADAMI pointed out that while the condition was rare this was the third case of double dermoid cysts of the ovary presented before the Society during the last two sessions.

Upon Bifurcation of the Ribs and Costal Cartilages.

Dr. J. G. ADAMI stated that while bifurcation of the ribs was an abnormality apparently of no very great rarity, and while most museums contain one or more examples of the condition, it was remarkable that most of the larger English text-books of anatomy, which devote attention to the abnormalities of various organs, pass over the subject in complete silence.¹ He exhibited three specimens illustrative of the condition. The first of these was a preparation presented to the museum by Dr. Shepherd, consisting of the 2nd to the 6th ribs of the right side, with their cartilages and part of the sternum. The specimen showed that the outer end of the 4th rib was much wider than any of the others, the breadth of the 3rd being 12 mm. at its articulation, of the 5th 11 mm., while that of the 4th was 18 mm. The cartilage of the rib consisted of two processes starting from the widened end of the rib and fusing into one before joining the sternum, thus leaving an oval space 10 mm. long by 6 mm. in a vertical direction.

The next two specimens had been obtained in the post-mortem room at the Royal Victoria Hospital during the last twelve months. Of these, one was from the body of an aged *habitant*, who had died of phlegmonous erysipelas. The specimen consisted of the end of the 3rd and 4th ribs of the left side, with their cartilages and a portion of the sternum. In this specimen the condition was a little more pronounced, the anterior end of the rib was relatively enormously broadened, being 29 mm. across, as compared with 11 mm., the breadth of the articular end of the 3rd rib. The rib presented a short upper process 8 mm. broad at its articulation and scarcely projecting from the main mass of bone, and a lower process 9 mm. broad and 10 mm. long. From each of these processes there passed a separate cartilage, and these, as in the last case, fused together before the attachment to the sternum, leaving a space 17 mm. in depth by 20 mm. in a horizontal direction.

The third specimen showed still further exaggeration of the condition. This was taken from the body of an Irishman 78 years of age,

¹ Of the German text-books both Henle and the earlier Meckel devote a few lines to the condition. Of the English, Morris alone has a passing reference to it.