

right side was more marked, and measured 5 cm. in length by 1.5 cm. in breadth. The subject was a very old woman, whose bones exhibited very well marked senile osteoporosis. The left femur was very characteristic, and there was an intra-capsular fracture of the right. The astragalus could easily be broken down between the finger and thumb. The bones of the skull were yellow, fatty, and porous.

Prof. Humphry, in an interesting paper on these depressions,¹ says he is unable to tell how they are produced; he does not believe they are caused by disease or accident, and suggests that they may be due to absorption of the outer tables of the skull, but remarks "that it is as difficult to know why absorption should attack this region as why deficiency of formation should be manifested here." Prof. Humphry has seen similar depressions in the skull of an ourang-outang, and also in an infant. In the case I have described above I have no doubt the cause was senile osteoporosis; this supposition is strengthened by the fact that similar depressions existed in the course of the lambdoidal sutures, and that all the bones were more or less in an advanced state of osteoporosis. The lines of all the sutures had become ossified, and there was no trace of the serrations of the sagittal or lambdoidal. The coronal could be fairly made out. It is strange that most, if not all, the cases of the depressions which have been described have occurred in old women. I have elsewhere² reported a somewhat similar case, also in a woman, but there was no decided osteoporosis present.

CERVICAL RIB.

This occurred on the left side of a female subject. The rib was freely movable, and possessed a head, neck and

¹ *Journal of Anatomy and Physiology*, vol. viii.

² *Montreal General Hospital Reports*, vol. i., 1880.