was especially marked in the upper half or so of the coronal suture, and in the more anterior part of the sagittal. In only two specimens, C and G, were the sutures beginning to disappear from senile changes, and in C the molars showed more than in any other skull the effects of use on the crowns. In all, the basi-cranial synchondrosis was ossified. No skull was metopic. In each of the two lower jaws the coronoid process was feeble and the sigmoid notch was shallow. In one the chin was feeble, in the other it was more massive, rounded at its lower border and projected forwards.

In E and I a broad tongue-like process of the squamous temporal was interposed between the left ali-sphenoid and the antero-inferior angle of the parietal. An epipteric bone was situated on the right side of E, between the ali-sphenoid and parietal, and two large epipterics were placed in K between the left ali-sphenoid and parietal. On the right side of D a single epipteric was situated in the spheno-parieto-frontal suture, but it did not entirely cut off the ali-sphenoid from the parietal. H had a similar bone in the spheno-parietal suture. In the other skulls the pterion was normal, though in G the spheno-parietal articulation was very small. One or more Wormian bones were present in the lambdoidal suture in A, B, D, E, F, H, and K; in the last of which they were large and infringed considerably on the area of the parietal bones. In H a small triquetral bone was in the sphenoido-frontal suture.

The male skull K exhibited a rare and interesting irregularity in the ossification of the cranial bones; for in it the right parietal was completely but unequally separated into an upper and a lower division by an antero-posterior suture, situated in the position of the temporal ridge, and extending from the coronal to the lambdoidal suture. This suture was much denticulated, and had an os triquetrum in its posterior third. The vertical diameter of the upper division of this parietal bone, midway between the coronal and the lambdoidal sutures, was 81 millimetres, and of the lower division only 42 mm. A large Wormian bone in the lambdoidal suture infringed upon the posterior part of the upper division. The left temporal ridge of the same skull was well marked, and in proximity both to its anterior and posterior ends was a faint appearance of a suture as if the left parietal also had been separated into an upper and a lower division at an earlier period of life. In the course of my anatomical experience, during which many hundreds of human crania have passed through my hands, I have only seen one other specimen in which a similar division of the parietal bone occurred, and this was in the right parietal of a fœtus, between the eighth and ninth month, dissected by Dr. Ramsay H. Traquair, who described it in the Natural History Review.[1]

Cases of division of the parietal have, however, from time to time been recorded by other anatomists. Winslow[2] and von Doeveren[3] had each in their possession in the last century, and von Sömmerring[4] described in the earlier part of the present century, a

[1] 1863, vol. iii. p. 132.

[2] See Tarin's Osteographie, Paris, 1753.

[3] Specimen Observ. Acad. Groningæ, 1765, quoted by Wenzel Gruber.

[4] Tiedemann and Treviranus's *Zeitschrift für Physiologie*, s. I., Tafel I., 1826.