braced, for the most part, by the muscles of the pia mater, which is constantly filled with cerebro-spinal fluid; (3) cerebral abscesses sometimes form on the side of the head opposite to that which has been struck. They generally cause some symptoms which should excite a suspicion of their presence. These symptoms are fixed pain at the seat of injury by *contre-coup*, paralysis of an arm or leg, and even complete hemiplegia on the side of the body opposite the seat of fixed pain in the head—*i. e.*, on the same side of the body as the part of the head that received the blow,—together with irregular shiverings and fever. The doctrine of cerebral localization may also furnish important aid in determining the site of such an abscess.

SECONDARY DEGENERATION OF THE PONS MEDULLA AND CORD.—C. Horner gives the following conclusions (*Arch. f. pract. Anat. und. Phys.*, Bd. lxxviii, p. 61) concerning his research on the above subject: 1st. The earliest degeneration changes are found, not in medullary sheaths of the nerve fibres, but in the axis-cylinder. 2d. The presence of degeneration in the cord may be demonstrated with certainty three weeks after the formation of the cerebral lesion. At this period an abundant proliferation of nuclei may be present. 3d. A secondary degeneration process also takes place in the *lemniscus layer* (*Schleifenschicht*). 4th. A moderate atrophy in the gray substance of the anterior horn, as well as a slight degeneration of the anterior roots on the affected side, may occur without apparent modification of the ganglion cells forming the anterior horn.—*Rev. des sci. méd.*, No. 43.

SOFTENING OF THE PONS; SECONDARY DEGENERATION OF THE TRANSVERSE FIBRES; DESCENDING DEGENERATION.—Dr. Ch. Féré exhibited to the Soc. Anatomique the pons and medulla of a woman aged eighty-five years, who had been affected for eight years with right hemiplegia, with contraction involving the face. In the pons was a small lenticular cavity filled with serum, located on the left side against the raphe, a little in front of the junction of the anterior with the posterior two thirds of the antero-posterior axis of the pons. The sides of the cavity possessed a slightly yellowish tint. A depressed tract of a yellowish-gray color starts from each side of the depression, to the width of which it exactly corresponded about the median line, while outward it gradually tapered, to be lost in the base of the cerebellum peduncle. Its color appeared like that found in degenerated tracts of the pyramids. Besides this degeneration of the transverse fibres of the pons, a well-marked degeneration of the left pyramid existed. The existence of an homonymous facial paralysis in this case may be explained by the fact that the lesion was situated toward the superior part of the pons, probably above the point where the decussation of the fibres of the facial tract decussate.—*Progrès méd.*, No. 27.