lysed. Died August 27th a.m. from respiratory failure. Autopsy revealed a fracture—dislocation of the sixth cervical vertebra transversely through its lower cartilaginous disc, the vertebra being dislocated forwards. There is also a fracture of the right articular process of the seventh cervical vertebra. Most of the ligaments between the sixth and seventh cervical vertebra are also torn. The dura was normal. The cord itself was soft and diffluent, for about an inch opposite the sixth cervical vertebra. The softening also extended upwards for about two inches being most marked in the posterior columns of the cord and around the central canal. It also extended downwards for about one inch ; no hemorrhage.

While in the Montreal General Hospital four cases, very similar to the present one, came under my notice ; three of which are reported in the Montreal *Medical Journal*, No. 12, Vol. xviii.

CASE 2—Injury to the lower cervical spine followed by paresis of both arms.

J. M. ———, aged 23, farmer was admitted to the Winnipeg General Hospital, under Dr. Ferguson, August 8th, 1890. Last June (1890) patient was thrown from a broncho pony forcibly to the ground. Patient is not positive how he struck but thinks he lit on the back of his head and shoulders, and keeled over pressing his chin forwards against the sternum. He was unconscious for over an hour but as soon as he came to, he managed to get up and walked about a quarter of a mile to the nearest house. He found that it was impossible for him to raise his arms from his side or his head to the erect posture. He suffered severe pain in the back of the neck and between the shoulders. A doctor was called in, but no fracture of the spine was made out. After a couple of weeks the patient began to slowly regain power in his arms, and muscles of the neck, but never regained complete power. The lower extremities were not affected at any time. Present condition: general condition, good; bowels, constipated; no vesical symptoms, pupils normal, patellar and superficial reflexes normal, biceps reflex hard to make out. There is a marked paresis in both arms, but especially in the left, hand grasp very weak. The muscles of the arms are somewhat atrophied, sensation normal. Complains of a constant pain in the neck, the pain being exascerbated by pressure on the head or even by the weight of the head, and is relieved by lying down ; also pain in the epigastrium at times but not constant; no girdle pains. Complains of a numb and cold sensation in the upper extremities, especially referred to the hands Patient was treated by being kept in the horizontal posture with a small weight attached to the head and running over a pully. This was soon abandoned as the patient complained so much of the discomfort caused by it. Unfortunately he left the hospital before any other means of treatment could be employed.

SIMPLE CHRONIC CATARRH.

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In the following short account of an affection which is so common in all parts of the civilized world, I lay claim to nothing original, but simply give a line of treatment which in my hands has proved successful in such cases.

When in London, Eng., I attended a course of lectures by an eminent authority who made the statement that our cities being so dusty was perhaps one reason why catarrh was so prevalent in America. Be that as it may, we living in this north country are exempt from that cause for several months in the year during which time those the subject of catarrh are not exempt. Before mentioning the more prominent symptoms for which relief is sought, it would perhaps be well to run over the anatomy of the part.

The nasal cavities extend from the nostrils to the upper portion of the vault of the pharynx, forming two wedge shaped cavities. Their outer walls are formed in front by the nasal process of the superior maxillary and lachrymal bones, in the middle by the ethmoid and inner surface of the superior maxillary bones, behind by the vertical plate of the palate bone,