

(a photograph of which is annexed, evidently the *Odontoid process*) saying that the child had coughed it up in her presence the day before. I found an opening corresponding in size to the bone, near the body of the axis. In a short time the opening closed, the pain ceased, and the child, to use her mother's words, "got well."

The power of locomotion is perfect; she can walk or run at pleasure, can rotate the head pretty well, and is at present going through a severe ordeal, in the shape of an attack of whooping-cough. I may mention that she has, on several occasions, during a paroxysm, lost all muscular power, and fallen in consequence of pressure upon the spinal cord, but the effect has been momentary.

That the bone in my possession is the odontoid process, I think there cannot be a doubt, and that ulcerative action sufficient to disengage it from its position, should take place with so little constitutional disturbance, is remarkable. It should teach us to admire the wonderful conservative power of Nature.

St. John, New Brunswick, November, 1869.

*Aneurism of both Popliteal Arteries occurring consecutively, treated by ligature of the femorals, Recurrence in the right, cured by Elastic Pressure.* By D. M'GILLIVRAY, M.D., Physician to the County of Carleton General Protestant Hospital.

I. H., aged 42 years, a native of England, had lived in Canada for about two years during which time he worked occasionally at his trade as bricklayer, while his health, which had been bad for several years, permitted; is of thin spare habit of body and apparently possesses but a weak constitution; was admitted into the Protestant Hospital under my care on the 24th January, 1867. About a week previous to admission he perceived a tumour in the flexure of the left knee, accompanied with severe darting pain and occasional numbness of the limb below the knee; it gradually increased in size and became so painful that he was obliged to relinquish his labour and seek advice. On examination aneurism of the left Popliteal Artery was found to exist; the tumour was very large and prominent with distinct outlines, pulsating violently and attended with intense pain and numbness of the limb. The Aneurismal thrill and bruit were clearly perceptible. The cardiac pulsations were violent, tumultuous and audible at some distance from the patient, a distinct murmur accompanied the first sound and almost masked the second; pulse 123; appetite poor; bowels costive; tongue coated; skin dry; wakeful and very irritable. Pressure and other means were used and persevered in for several weeks without any beneficial result. In