form of mercury I am referring to—give such good soporific effects are rather difficult to describe, and must be given in a more or less general way. Many men would call them cases of biliousness, and for want of a better term I am content to use it. The patients are generally over 40, complaining of lassitude, loss of appetite, a general fullness of the abdomen, pains in the shoulder-joints, tongue generally of a whitish brown colour, a nasty taste in the mouth, eyes are rather "thick," a want of clearness of thought, more or less dull pain in the head not confined to any one particular spot, irritability of the skin, and, above all, sleeplessness at night. There may be many more symptoms and signs than the above, or few of them may be present, but, when the symptom of sleeplessness is prominently complained of, it is here that we find the soporific action of blue pill followed by saline draughts peculiarly brought out. Now, the symptoms detailed are principally those found under the heading of bilious dyspepsia, but there is this important clinical difference: whereas sex, richness of food, want of exercise play important parts in producing the above form of dyspepsia, the cases that I have in mind are found as often, if not more so, in women, and where the plainest diet and moderate exercise have been taken.

There is a little doubt that the sea air has something to do with the above state of health; people who have come down to the seaside after a long residence inland frequently develop after a few days' sojourn all the aforementioned symptoms. I believe that we who practise in seaside resorts would less often be called upon to prescribe for this condition were a little mercurial taken immediately by the patient on his arrival, but perhaps, on the whole, this had better be left in our hands.

Again, I do not associate these cases with those which are commonly called "lithæmia," or the substitution of uric acid for urea as the final product of disintegration of albuminous substances within the body: under this last condition you obtain the more remote symptoms of gout.

What is the exact action of the mercury which brings about the above happy result I do not know, nor am I anxious to speculate or propose theories. Murchison supposed that it possessed a double action, for whether or not the secretion of bile was increased, there was certainly more bile passed when mercury was being taken; thus an eliminating action was brought about, so that less of the bile constituents were absorbed from the intestines than usually. Again, he supposes, in some way or other, the albumen is more thoroughly disintegrated. But what is important for us to know is the use of a drug which will enable you to give your patient a good night, whilst at the same time you are treating the root of the disease, and apparently not giving ordinary soporific drugs.

It is needless for me to use any padding to this paper in the way of quotation of cases; they would be uninteresting and wearisome; and the title of my paper does not admit of it.

THE TREATMENT OF SPASMODIC TORTICOLLIS BY EXCISION OF THE SPINAL ACCESSORY NERVE.

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THE three cases recorded below illustrate the beneficial effect of excision of a portion of the spinal accessory nerve in obstinate cases of spasmodic torticollis. In each instance the spasm, which chiefly involved the sterno-mastoid, was of a severe nature, quite incapacitating the patients from following their occupation; it had come on without any apparent cause, had been present for some months, and had resisted all the ordinary methods of treatment, for example, large doses of bromide of potassium, galvanism, massage, counterirritation, etc. Two of the patients had been specially sent to my colleague, Dr. Ross, to receive the benefit of his advice, and it was at his suggestion that neurectomy was performed.

The operation was carried out in the same manner in each case. An incision three inches long was made along the anterior margin of the upper end of the sterno-mastoid, and the nerve having been exposed by a careful dissection, about one-third of an inch of its trunk was excised just before it enters the under surface of the muscle. The immediate effect of the operation was to completely paralyse the sterno-mastoid; the spasm ceased, and the position of the head at once became greatly improved. The head does not immediately become quite straight, for it appears as though the affected sterno-mastoid, as well as the muscles of the neck generally, become the seat of slight contracture or shortening, in consequence of the long-continued faulty position in which the neck has been held. This has to be afterwards overcome by manipulation—namely, by forcibly but gently straightening the head two or three times a day—assisted by an artificial muscle. The latter is provided by means of an elastic band fixed above to a poroplastic cap, and below to a belt or plaster-of-Paris bandage round the waist, and arranged in such a way that the extension acts in a line parallel with the unaffected sterno-mastoid. In some cases a second elastic band, attached behind in a vertical line from the occiput, will be found useful. The apparatus is worn for a few weeks or for several months, until the head has regained its normal position and can be held straight without any effort on the part of the patient.

CASE I.—Female, aged 31 years, admitted April 27th, 1889, suffering from tonic contraction of the right sterno-mastoid muscle. She enjoyed good health until about six months previously, when the head became gradually rotated to the left and drawn over to the right side. When admitted the right ear was almost in contact with the shoulder, and she complained of severe pain in the neck on the same side. May 29th neurectomy was performed.

CASE II.—Male, aged 35 years, admitted April 25th, 1890. In this patient the spasm, which had been present for about five months, in addition to the left sterno-mastoid, involved slightly the trapezius and scapuli on the same side. Some clonic spasm was also present, so that the head was not only drawn over to one side, but it also exhibited a constant rotatory movement. May 27th neurectomy was performed.

CASE III.—Male, aged 24 years, admitted September 16th, 1890. The spasm had been present for about three months, and the condition was almost identical with that met with in Case II. October 4th neurectomy was performed.

Present Condition.—In Cases I, II, where intervals of eighteen and six months have elapsed since the operation, the head can now be held quite straight, and the patients are following their occupation as usual. Occasionally, and generally towards evening, when tired and exhausted with their day's work, there is a slight tendency for the spasm to recur; this is, however, becoming less marked and less frequent (especially in Case I) as time goes on, and can always be overcome by an effort of the will. In Case III, where a month has now elapsed, the head is almost straight, and though it still requires some effort to keep it so for any length of time when the apparatus is left off, the condition of the patient is daily improving.

I have now performed the operation upon seven patients,¹ and the results have been sufficiently encouraging to make me recommend its adoption in similar cases when palliative treatment has been tried and found ineffectual.

The most suitable cases for operative interference are those in which the spasm is tonic in its nature and confined to the sterno-mastoid; but even if other muscles have become involved, excision of a portion of the spinal accessory nerve is still worth a trial, for no other plan of treatment is likely to be attended by such satisfactory results.

¹ My first three cases, together with a more detailed description of the operation, will be found recorded in the BRITISH MEDICAL JOURNAL, 1885, July 11th. Case III, which had been operated upon only a few weeks previously to the publication of the paper, was there described as unsuccessful, but after the patient left the hospital the spasm completely subsided, and has never returned.

SIR ALGERNON BORTHWICK will take the chair at the festival dinner to be held on May 11th to commemorate the twentieth anniversary of the foundation of the Chelsea Hospital for Women.