Subcutaneous division of the sterno-mastoid has been performed, but without success, the spasm returning as forcibly as ever after healing has taken place. (H. Lee, *Clin. Soc. Trans.*, vol. vi, p. 120.)

Excision of a portion of the spinal accessory nerve has proved successful in cases reported by De Morgan (*Med.-Chir. Rev.*, July 1866), Wood (*Clin. Soc. Trans.*, vol. vi, p. 116), and Annandale (*Lancet*, 1879, i, 555), where other muscles than the sterno-mastoid had also become involved. In the following instance, this treatment was followed by marked benefit.

CASE II.—A man, aged 21, was admitted into the Manchester Infirmary last summer, under Dr. Leech, suffering from clonic spasm of the right sterno-mastoid and deep muscles on the same side of the neck. The spasm had come on somewhat suddenly, about six months previously, and quite incapacitated him from following his employment as a labourer.

The sterno-mastoid never became completely relaxed, but always stood out prominently beneath the skin, so that the head, in addition to being affected with a constant to-and-fro movement, was held rigidly drawn over to one side, and could not be straightened. The patient was in the hospital for some weeks, and as treatment failed to give any relief, neurectomy was performed, at Dr. Leech's suggestion. The operation, which was performed on January 11th, 1885, has been followed by a marked improvement in his condition; he can now hold his head quite straight and still, for a considerable period; the right sterno-mastoid, which formerly stood out beneath the skin, is quite relaxed, and the spasm, when it now appears, is of a much milder character, being due to contraction of the deep muscles of the neck. So long as an apparatus is worn, similar to that already described, the head remains perfectly straight, and he is now able to follow his occupation, which, previously to the operation, he had been obliged to give up.

In another somewhat complicated case of spasm, affecting generally the muscles of both sides of the neck, recently under my care, neurectomy was again performed, but without much benefit.

CASE III.—The patient was a man 53 years of age, and the symptoms had been present for about four months; he had been seen by Dr. Ross, and at his suggestion, portions of both spinal accessory nerves were removed. Though both sterno-mastoids became quite paralysed, very little relief was, however, afforded by the double neurectomy, and in the course of a few weeks his condition was not much different from what it had been previously to the performance of the operation.

From a consideration of these cases, it must, I think, be allowed that excision of a portion of the spinal accessory nerve, before it enters the muscle, is well worth trying in cases of spasmodic torticollis, when all other plans of treatment have been attempted and failed.

The more purely the case is one of tonic torticollis, and the more the spasm is confined to the sterno-mastoid muscle, the more likely is the operation to be successful; and, as described, the cure was complete in Case I, which was of this nature. When, however, other muscles are involved, and when the spasm is of a clonic nature, there is much less probability of success; though in Case II the result has been very satisfactory, and would certainly encourage one to perform the operation again under similar circumstances.

In Case III, where the spasm was very general, little benefit was expected from the operation, and, as was anticipated, the relief afforded by it was very slight, and merely of a temporary nature.

A CASE OF DIABETES MELLITUS CURED BY REMOVAL OF THE UTERINE APPENDAGES.

By FRANCIS IMLACH, M.D.,

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K. G., a widow, aged 31, consulted me on February 12th, 1885, on account of leucorrhœa and pelvic pain. A diagnosis of pyosalpinx was made out; and, as she seemed ill and wasted, operative treatment was suggested. On the 22nd, she mentioned that for a month she had been afflicted with insatiable thirst and sleeplessness; that the bowels were habitually constipated, and the urine greatly increased in quantity. On testing a sample of urine, of specific gravity 1036, no albumen was found; but, on boiling with Fehling's solution, it became evident that she was passing sugar. Menstruation was regular, and, though painful, not profuse. All thoughts of operation were abandoned. She undertook to live upon gluten-bread and biscuits, fish, meat, and buttermilk; to give up starchy food and sugar, and as much as possible to restrict her drink. Soap-and-water

enemata were ordered, and bromide of ammonium prescribed for the sleeplessness. Under this treatment, the urine became reduced (from an unknown quantity) to five or six pints *per diem*; but, when samples were tested with Fehling's solution and by the differential density method, there was little diminution in the sugar. On March 16th, three minims thrice daily of Clemens's solution of arseniate of bromine were substituted for the bromide of ammonium; and, a fortnight later, the dose was increased to ten minims; but, roughly estimated, the excretion of sugar continued unaltered. On April 15th, she passed 2,560 grains in 24 hours. As she was becoming rapidly weaker and more emaciated, she was admitted into hospital on May 15th, where the antidiabetic diet was strictly maintained. On May 16th, 1,200 grains of sugar were excreted. On May 19th, the uterine appendages were removed. The right Fallopian tube was thickened in its walls, occluded at both ends, and distended with pus. The left tube was thickened, but not occluded at its fimbriated extremity, and contained only a little muco-pus. Both ovaries were so firmly adherent in the pelvis, that their removal was somewhat difficult. The fundus of the uterus, which was bound by dense adhesions to the sacrum, was liberated. The patient recovered without a bad symptom, and with a surprisingly level temperature-chart. She got out of bed on the ninth day, and left hospital on June 3rd. Unfortunately, I am unable to add a complete account of the urine passed subsequent to the operation, as, through an error, no quantitative measurements of the sugar were made. During the first 24 hours, between six and eight ounces of urine containing sugar were drawn off every six hours. The specific gravity during the first six hours was 1028, next it fell to 1014, and then rose to 1034.

Date.	Ounces of Urine in 24 hours.	Specific Gravity.	Sugar.	Diet.
May 20	17	1034	Present	Milk and Soda.
" 21	21	1030	"	Barley-water.
" 22	16	1030	"	"
" 23	15	1032	"	Beef-tea.
" 24	13	1030	"	Rice-pudding.
" 25	16	1030	"	Ordinary fare.
" 26	17	1030	Absent	"
" 27	18	1028	"	"
" 28	22	1024	"	"
" 29	22	1020	"	"
" 30	24	1024	"	"
" 31	24	1022	"	"
June 1	24	1020	"	"
" 2	18	1024	"	"

The sugar, tested daily with Fehling's solution, gradually diminished until May 26th, when it finally disappeared. On June 12th, the urine was normal, and of specific gravity 1020. For a week previously she had been at home on ordinary fare, except that she took no rice-pudding, and put no sugar in her tea. She then took rice-pudding daily, with unlimited sugar, until June 19th, when the specific gravity of the urine was 1010, and not a trace of sugar could be detected. There is no longer constipation, and her strength is already almost completely restored.

REMARKS.—Glycosuria being persistent under antidiabetic regimen, and the health worse, operation was offered as a forlorn hope. Sir J. Paget makes no allusion to diabetes mellitus among "the various risks of operations;" but Dr. Dickinson, in his able work on the subject, says that "surgery is attended with unusual danger;" and Dr. Wm. Roberts states that "operations for diabetic cataract generally fail from uncontrollable suppuration of the eyeball." Beyond this element of danger, there was the fear lest the operation should do no good. Diabetes and pyosalpinx are not known in association. The patient was married ten years previously, had a still-born child a year later, and became a widow two years before I saw her. As the pelvic pain was of indefinite origin, the pyosalpinx was probably of ancient date, whereas the diabetic symptoms were recent. Still, there remained the possibility that removal of the suppurating tubes might cure the disease. There was a further argument: the younger the person, the less hope of ultimate recovery from diabetes. "The development and exercise of the sexual functions," says Dr. Wm. Roberts (*Renal Diseases*, 4th ed., p. 256), "appear to have a marked effect in increasing the liability to diabetes in both sexes; and the diminished frequency of the disease in women after the age of 45 (as compared with men) corresponds with the earlier decline of sexual activity in the female sex." And not only is diabetes less frequent among women after 45; it is also less acute, and does not kill nearly so quickly. By induction of the menopause, it was hoped that the acute diabetes might become chronic.