

Urquhart related a somewhat similar case, Carlyle Johnston had tried thyroid treatment in eight cases, and his results had been entirely negative. PATRICK (Chicago).

SERUM IN MANIA.

Prof. Mariet and Mr. Vires (Medical Week, Sept. 4th, 1896) reported to the French Congress of Internal Medicine a very extraordinary piece of treatment. They injected serum, how prepared is not mentioned, from a "maniac" who had recovered, into two female patients suffering from severe mania. In the first case each injection was followed by marked drowsiness, but no further effect. In the second patient twenty injections were given of 5 c. c. each, followed on each occasion by phenomena simulating drunkenness and deep sleep. The condition improved after each injection, but the excitement returned later. A second series of injections of 20 c. c. in twenty-four hours was given. The improvement which followed was permanent, and the patient completely recovered. The matter is so briefly reported it is impossible to judge whether the results were due simply to improved nutrition, but how this should have been brought about seems obscure. The reporters believe that the hypnogenic properties of the serum are worth considering. MITCHELL.

INSOMNIA OF NEURASTHENIA.

Monin (Independence Méd., July 1st, 1896, N. Y. Med. Jour., Aug. 8th, 1896) says the following mixture is well borne for a long time:

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| Paraldehyde..... | 38 grains |
| Fl. ext. piscidia..... | 75 grains |
| Syr. cherry laurel..... | 750 grains |

One dose to be taken diluted.

PATRICK (Chicago).

TREATMENT OF SPASMODIC TORTICOLLIS.

In the American Journal of the Medical Societies for July, 1896, Dr. Maurice H. Richardson and Dr. George L. Walton publish these additional cases treated by radical operation. In their first case the operation consisted of a long open incision, by which practically every contracted muscle was divided. The posterior branches of the upper four cervical nerves were cut and evulsed. The muscles affected were the trapezius, the complexus, the splenius capitis, the trachelo-mastoid, the obliquus inferior, the omohyoid and the sterno-mastoid. The deep muscles inserted into the upper cervical vertebræ—the levator anguli scapulæ and the scalini—were found slightly contracted, but were not cut. The patient was entirely cured. In the second case, the first operation consisting of excision of an inch of the left spinal accessory nerve, was followed by recurrence of symptoms after temporary improvement. A second operation was done, dividing the posterior muscles and nerves, as in the first case. There was immediate relief, but after some months there was a return of slight spasm in the left sterno-mastoid muscle. A third operation was performed. It was found that the nerve had become restored at points of division at previous operation. The nerve was extensively destroyed and the muscle partially severed. This operation removed the last traces of spasm. In their third case reported, a long incision was made from the occiput toward the scapula parallel with the fibres of the trapezius. The muscles were separated and divided until the posterior branches of the four upper cervical nerves were found, of which all the branches were evulsed, including the great occipital. Most of the muscles were also cut across, the trachelo-mastoid alone remaining intact. This last case was greatly improved but not entirely relieved from spasm by the operation.

In view of a recent discussion of this subject, renewed hope of the