

The treatment he received in New York, and which I continued for some time, consisted of zinc bromide, atropia hypodermically, electricity, tonics and rest.

Though there was some improvement he was still bad in October, when the patient went to Montreal and consulted Dr. Roddick. Shortly afterwards he was taken ill with typhoid fever and was in bed several weeks. When he was able to be up the torticollis had nearly disappeared.

He was practically well until 1896, when there was a return following unusual hard work and anxiety. Prolonged rest in bed restored him to comparative health. At present he has only a slight tremor of the head.

March, 1901, Mrs. T. E. consulted me for an involuntary twisting of the head. The condition was so much like the preceding case that even a short description would be tedious.

The accompanying photograph shows the prominent sterno-cleido-mastoid (left side in this case), and the blurred outline of the face, caused by the tremor.

With severe counter irritation over upper cervical vertebrae, potassium iodide and rest, there was much improvement. Prolonged rest in bed being impracticable, she derived much comfort from a chair with adjustable head rest. The spasms are of much less force than during the first year. Touching her hat rim against a chair back, or one finger at the chin, is strong enough restraint to keep the head straight.

To avoid prolixity, instead of any compilation from the meagre literature upon Spasmodic Torticollis, I shall mention a few ideas, the result of studies in connection with these cases.

*Pathology.*—The close similarity of symptoms in all cases and the lack of analogous affections (co-ordinated spasms) in other situations, prompt one to inquire if the course of the spinal accessory nerve, in through the foramen magnum, out through the foramen lacerum post., piercing the sterno-cleido-mastoid, may not peculiarly expose the nerve to irritation from rheumatic or other swelling. In connection with this, the relief afforded by the recumbent position is to be considered.

*Prognosis.*—No tendency to other nervous troubles. Complete cure rare. Amelioration of symptoms probable.