weeks of excellent health. Her position in life allowed her to have every luxury, which may possibly have had something to do with the prolongation of her life; but nevertheless the fact remains, that four years ago she had fundal cancer, verified by the microscope, and she is alive still.

My further comment on this case is, that that duration of four and a half years is probably an under-estimate of the time, because it is a certainty that the cancer had originated a considerable time before I first saw her. I must admit that this is a longer duration than is commonly met with, but a three years' duration is by no means uncommon in my experience.

I have already intruded myself on the Society too long, having gone into the question some months ago, but I should like to say that in the present paper I am not dealing with anybody's results but my own, nor am I venturing to criticise any other operator's work. I am only stating my own experience of vaginal hysterectomy for cancer. This has been an unfortunate one; but it seems to me the duty of every operator, whatever his ability or experience may be, to record his ultimate results, even though the truth so told may tell against himself. Let me add that all these cases operated on were exceptionally favourable ones, and selected with special care. Bad though my results have been, I tremble to think of what they might have been had I operated on cases indiscriminately. I am hopeful, however, that by some improvement in the management of the wound at the time of operation, so that the diseased surface may not come in contact with the peritoneum, infection may become less likely, and better remote results be secured.

I shall continue to operate upon early selected cases until I succeed, or until some method of dealing with cancer, such as by the serums or the antitoxins, will render operative treatment unnecessary.

THE INEBRIATES ACT OF 1898.

By G. R. Wilson, M.D., *Medical Superintendent, Mavisbank Asylum.*

There is a sense in which nearly every Act of Parliament is of the first importance. Nothing can become law without contributing something material to the spirit of government, and each Act determines to some extent how the idea of the rights and liberties of the subject must henceforth be construed. But there are some Acts whose effect is both more obvious and more immediate; and the Inebriates Act, 1898, is one of them. It is an Act which materially impairs the fulness and freedom of the Englishman's right to be drunken.

For many years the legal and the political professions have

combated the demand of the medical faculty that, in the interest both of the drunken individual and of the State, some interference with habitual drunkards was called for. The objection generally opposed to our petition has been, that to take a drunkard in charge, merely because he was a drunkard, would be a serious encroachment upon the liberty of the subject. Each man, we were told, had a right to be drunken if he chose, and the law would as soon think of dictating to the individual what and how much he should eat as try to compel him to be sober. No amount of drunkenness has hitherto entitled the State to interfere with a subject, unless he has in addition broken some law. Even then—supposing a man, for example, to have committed a criminal assault when drunk—the attitude of the Court to the drunkenness was traditional and arbitrary. The law might or might not regard drunkenness as mitigating the crime. Until the 1st of January 1899, mere drunkenness may be said to have been without the jurisdiction of the Courts.

By the new Act a new era is begun. For, although it refers only to drunkards who have come into Court because of crime, or who have, four times within a twelvemonth, been convicted of the minor drunken offences, the principle for which our profession has so long contended has at last been conceded. We do not propose to consider the Act in detail. It is an Act which every medical man ought to read for himself, because it is an Act which refers to the drunkards as "patients," and practitioners may at any time be called upon to appear in the Courts in connection with it. But there is a concession in the first section of the Act, which may be cited as bearing out the fact that the law now takes cognisance of drunkenness as such, apart from crime, and we do well to consider what this implies.

The first section of the Act refers to persons who are convicted of "an offence punishable with imprisonment or penal servitude, if the Court is satisfied from the evidence that the offence was committed under the influence of drink, or that drunkenness was a contributing cause of the offence." Having found the prisoner guilty of the crime, the Court may then decide whether or not he is a habitual drunkard. If he is found to be so, the Court may then, in substitution for, or *in addition to*, any other sentence, order that he be detained for a term not exceeding three years in an inebriate reformatory. That is, the drunkenness of a prisoner may be dealt with in addition to his crime. The law says that it will take cognisance of drunkenness only in those drunkards who are found guilty of crime—a somewhat fortuitous selection. But, once the crime is proved, the habit may be dealt with under compulsory powers, in addition to whatever punishment may be inflicted for the crime.

This concession to an old demand is very gratifying, and we have no complaint to make because the application of the law is

restricted to the unfortunate few who, being drunken, are not shrewd enough to refrain from a transgression of the law. But the Act brings responsibilities with it which especially fall upon our faculty. We have for years asked for this reform, and, now that we have obtained a beginning of it, it is upon us that the duty falls of doing what we can to make the law of good effect. Every practitioner knows how greatly better it would be for every one concerned, if habitual and intractable drunkards could be compelled to remain under treatment. That power will surely come, if the success of the method can be proved in the case of those few who come within the meaning of this new Act. How that success is to be achieved we cannot say. Medical advisers have been appointed to assist in drawing up regulations for the conduct of the inebriate reformatories in England, and doubtless the Secretary for Scotland will see to it that similar help will be given in Scotland. But when the regulations are approved—having lain for four weeks on the table of the Houses of Parliament—the duty of the profession will only have begun. An important question, which we shall partly help to settle, will be as to what method of treatment the "patients" should have. We must see to it at least that they are not neglected; for it is quite certain that mere detention for a period, however prolonged, is as likely to weaken the nature of the drunkard as to strengthen it. But a more obvious good may be done if we create a right opinion as to what kind of drunkards are properly to be detained under the Act. That is the question which is at present vexing all who are interested in the subject—lawyers, physicians, and those of the public who are earnest in attempts to reform. As the Act is worded, the selection of prisoners to be dealt with under the Act is left entirely to the discretion of the Court.

In the second section of the Act, which refers to those who are four times within the year convicted of the ordinary drunken offences, we are told that the person convicted "shall be liable . . . to be detained for a period not exceeding three years." But the history of Acts relating to the liquor trade prepares us to expect that this detention to which the drunkard has made himself liable may not be enforced. Similarly, criminals who are referred to in the first section "may" or may not be indicted as drunkards. So far as we can judge, the selection of cases is left to the prosecutor and to the bench. Who will advise them no one seems to know. In all probability these cases will be first chosen which have for long been a burden upon the State, because of vexatious repetition of offences. That class of case is not one which physicians would naturally select as most likely to benefit by the Act. Society may greatly benefit by their segregation; but that is not our first concern. Every practitioner knows the cases in his practice which he has tried in vain to cure by ordinary means, and in which the habit has become inveterate.

There are others more hopeful, younger in the vice, who are only becoming grave, and who may drift into the Court so as to come under the Act. It will be a loss if such cases as these do not have the benefit of the new law. It is not our function to play the part of a police, but it is part of our public duty to influence society in the direction of stimulating the authorities to enforce the law. This new Act is one which would go a long way towards making the country sober, at least in public, if the law which relates to public drunkenness were strictly enforced, and if it were the habit of the Court, in every case of crime, to inquire whether drunkenness contributed to it and whether the prisoner is a habitual drunkard; and, if it finds him so, to "detain" him for special treatment.

CLINICAL CONSIDERATIONS IN CHOREA.

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Chorea is a common-place disease. So many excellent descriptions of it are to be found in medical text-books, that it may seem well nigh impossible to invest with interest so threadbare a subject. The following paper, therefore, is merely an embodiment of one's personal experience in a recent series of cases of that disease. I have looked through my notes of the cases of chorea which came under my immediate observation during my term of office as house physician to the National Hospital for the Paralysed and Epileptic, and I am indebted to the members of the Queen Square staff for their courteous permission to make use of the facts recorded in my clinical note-book. My cases, forty-one in number, are not a selected series, but were recorded indiscriminately as they came under observation. Yet their number is sufficient, I think, to justify one in emphasising certain points in the symptomatology of the disease which have hitherto, perhaps, been inadequately recognised.

Chorea has a clinical rather than a pathological existence. Very little is known with regard to its essential pathology, although various appearances have been described in autopsies on fatal cases. Amongst other conditions may be mentioned hyperæmia of the brain, occlusion of arterioles by thrombosis or by embolism, and minute perivascular hæmorrhages in the brain and spinal cord. But an insurmountable objection to the acceptance of any of the above as the essential cause of the disease, lies in the fact that any or all of these changes may be absent, and the brain cord and nervous system may appear absolutely normal — so far, at least, as the present methods of neuropathology enable one to judge. The nature of the choreic