of freedom from recurrence. There remains the question of the best treatment for cases in which the disease is limited to the cervix, and has been diagnosed before the neighboring tissues have become too extensively infected. Many surgeons, anxious to guarantee as far as possible against recurrence, make a practice of performing total hysterectomony in every case of cancer of the uterus; but in this country the operation known as supra-vaginal amputation of the cervix is more frequently practised, and with results that seem to justify the claims advanced in its favor. This operation gives a mortality of not more than four per cent., and appears to give very fair protection against recurrence. In the hands of Dr. Lewers and Dr. Jessett, indeed, the results may be described as brilliant, the more so, seeing that, so far, Dr. Lewers has not had a single fatality in nineteen cases. At first sight, a comparison in the mortality following the two operations would seem to settle the question as to which is to be preferred, but there is the difficulty that the figures do not apply to strictly comparable classes of cases. Abroad, hysterectomy is performed for cancer of the uterus in every degree, and even for displacements and other non-malignant diseases of that organ. It is obvious that for purposes of comparison such figures are useless, though as far as they go they emphasize the preference to be given to the milder operation. Hysterectomy done for cancer is a very different operation to hysterectomy done for non-malignant disease, and the less advanced the disease the greater are the patient's chances of recovery. It must, therefore, be clearly understood that for purposes of comparison, statistics bearing on hysterectomy for cancer, and for cancer only, are admissible. Even with all these favorable circumstances the mortality of total extirpation as practised abroad averages from fourteen to sixteen per cent. and upwards, a proportion of deaths which would only be justifiable assuming that the operation was in every instance undertaken for extensive disease, which, as we have shown, is not the case. —*Med. Press and Cir.*

CHRONIC PROGRESSIVE HEREDITARY CHOREA.

In the *Deut. Med. Woch.*, June 23rd, 1892, Schmidt observes that the chief distinctions from ordinary chorea are that the progressive disease occurs later in life (from 30 to 40), that it is progressive in character and accompanied by mental change, and that it is the result of direct inheritance and is incurable. The two cases recorded here by the author occurred in sisters, and differed from the usual cases in (1) the age of the patients and (2) the absence of any question of direct inheritance, although there was a neuropathic family history. It has been said that if a generation be skipped the disease does not appear in later generations. If, however, epilepsy and simple psychoses be regarded as equivalent types of disease, then heredity must hardly be looked upon in this narrower sense. The elder, aged 16, first had movements affecting the head, mouth and tongue, when she was 7 years old. She was able to remain at school until she was 14. Then the disease steadily increased. When seen, the patient's intelligence was somewhat deficient, the speech difficult, and the gait stumbling. The movements were choreiform in type and sometimes extended to the hands. They became rather less marked on voluntary exertion, and ceased during sleep. Fatigue and mental excitement aggravated them. There was no local paralysis and no impairment of sensation. The knee-jerks were present. There was slight nystagmus. The younger sister, aged 14, was also well up to the age of 7 years. The movements affected the head and face, but they were less marked than in the sister. There was also some mental weakness. Whether this progressive disease is to be sharply separated from ordinary chorea can hardly be stated at present considering the obscurity of the pathological anatomy in both affections. Voluntary movement lessens the spasm in the hereditary disease, but not so in ordinary chorea. Sleep does not always entirely stop the movements in the former disease.—*Brit. Med. Journ.*

ANTINERVIN.

This product is now reported to have a much wider field of usefulness than a year ago. Observers give good reports from England, Germany and Italy. In Glasgow, Scotland, it attracted much attention in the recent epidemic of influenza. It nearly always relieved the pains in the back and head, and rapidly reduced the fever. It produced copious perspiration and no unfavorable effects.

Dr. G. Laurenti, of Italy, now summarizes his own personal experience: (1) It can be used with advantage in all forms of abnormal excitement of the nervous system, whether to subdue neuralgia or as a general nerve sedative; (2) in rheumatism it may be used, and seems undoubtedly indicated as a drug comprising in itself antirheumatic, antipyretic and analgesic properties; (3) its low price and feeble toxicity, together with the evidence already given, render it a useful addition to our list of remedies.

Practically nothing has been written upon it in this country during the past year, and it may be