

brother is in the asylum, and her father was insane and died so.

On July 13th, 1885, I performed trachelorraphy. The laceration was bilateral and extended nearly to the vaginal junction. The case is still under treatment.

CASE XII. Mrs. E. R.—, age 34, of good family history, had a miscarriage eight years ago, and was confined at full term, Aug. 18th, 1880. There was a small cervical fibroid tumor that rendered the labor difficult, and which I removed on the 8th of Nov. following. She became gradually more and more melancholy after the birth of the child, and was still worse after the removal of the tumor, being unfit to manage her household duties, and a source of great care and anxiety to her friends. There was a cervical laceration which slowly got well by the use of topical applications, and her mind recovered cheerfulness in part. In June, 1883, she was again delivered, made a good recovery, and has since remained quite well.

A clinical study of these twelve cases leads me to believe that cervical laceration is not an infrequent cause of puerperal insanity, and that until its etiological influence is known and settled the subject is well worthy the consideration of medical men.

The appointment of a specialist as consulting surgeon to each of our asylums would aid very much in the solution of this question, and if the views advanced in this paper be proved to be well founded and correct, it would be the means of restoring some to health and to their families who might otherwise spend their days in an asylum.

MODIFIED FORM OF TYPHOID FEVER.

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Some discussion has taken place lately as to the source and cause of typhoid fever and its various modes of attack, especially the recent outbreak in Plymouth, Pa., and its modified form in the beginning as described by Dr. L. H. Taylor, in the *Medical News* of May 16th, in which he states: "It broke out with great virulence, and some diversity of opinion existed; it was variously declared typhoid fever, typhoid ma-

larial fever, typho malarial, meningitis, until its true nature was made manifest."

After reading his paper, I thought to submit this article on a modified form of typhoid fever which was prevalent in this city from last October continuing until the middle of April of this year, with a slight intermission in the month of December, when three weeks' frosty weather seemed to arrest its progress for a time.

The fever in the majority of cases was severe, especially in the first week; prominent symptoms of typhoid fever were absent, and if present, not severe; the most notable feature was that the death rate was low.

The number of cases I have kept record of is forty-four, with three deaths from fever, one from phthisis following the fever.

As to the cause of the epidemic various theories are advanced. No investigation was made by the authorities, but it may be safely attributed to the usual causes—impure water, contaminated milk, surface drainage, which is the system adopted here. No doubt the early wet fall, together with occasional sunshine and the mild weather which continues through the winter on the Pacific coast, all tended to propagate the disease.

I will give the history of a case which may be taken as a type of the disease:

Jan. 9th, 1885. M. N., a married lady, aged twenty-one. Two or three days previous to my visit complained of pain in back and limbs, headache. The day before I saw her, she had chills. Temperature at first visit $103\frac{1}{2}$ in the morning; pulse, 105. Evening temperature, 104; pulse, 110. Skin hot and dry. Tongue coated and moist. Bowels constipated. Wakeful.

10th. Morning temperature, $103\frac{1}{2}$; pulse, 100. Stools dark and offensive. Evening temperature, $104\frac{1}{2}$; pulse, 108. Slight deafness. Slight gurgling over right iliac fossa. No delirium.

11th. Morning temperature, $103\frac{1}{2}$; pulse, 100. Tongue moist. Bowels constipated. Evening temperature, 104; pulse, 108.

12th. Temperature and pulse continued the same for remainder of the first week.

16th. Temperature, $102\frac{1}{2}$; pulse, 85. Evening temperature, $103\frac{1}{2}$; pulse, 90. Bowels still constipated, although stools lighter in color.