

establishing the diagnosis, still I am of opinion that their absence, and their absence alone, should not weigh too heavily in the balance, or militate in any dogmatic way against a diagnosis.

Now, there is a condition known as abortive typhoid; and well described in Ziemssen's Encyclopædia; is noted by many eminent continental writers, and it exists apparently in two forms. One when the case begins abruptly and with severe symptoms, high temperature, etc., etc., and which gradually dwindles down to a very mild case, but lasts out three or four weeks. A second form where the disease is said to terminate in ten to fifteen days, and yet has all the characteristics at the start of ordinary typhoid fever. Well, I cannot deny this, but I am always suspicious of my diagnosis, even when the temperature becomes normal in sixteen to twenty days, and have never found in such cases that during any period of the disease were the symptoms of such a marked character as would establish in my mind a fair diagnosis of typhoid. I had many such cases during one epidemic last year, and looked upon them all as a form of remittent fever; and my experience corresponds with that of my colleagues as far as I am able to learn in conversation with them.

The quotations I have made from Jenner and Austin Flint would not lead me to suppose that abortive typhoid was common, or even existed in England or America, and I certainly think we are not blessed with it in this country. Still, I would be far from denying the accuracy of the eminent continental observers who speak of this condition, and especially as having existed in and about Basle.

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#### NOTES ON TAIT'S AMPUTATION OF THE PREGNANT UTERUS.—FOR THOSE UNACCUSTOMED TO ABDOMINAL SURGERY.

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I HOPE these lines will not appear too dictatorial and offend those they are intended to guide, namely, practitioners removed from large centres who may at any time be called upon to do this operation, and who should, therefore, be

familiar with its simple details. Courage and self-confidence are essentials. The minor details of these operations are too often omitted by those accustomed to practise them. The operation is a substitute for the barbarous and very fatal craniotomy, and, as it prevents subsequent impregnation, is superior to cæsarian section.

I have seen a number of hysterectomies by Mr. Tait. In one case, which I have at present under observation, the woman (14 days after the operation) looks much altered.

Mr. Tait says patients are always shaken by a hysterectomy done for fibroids, but strangely enough, they convalesce much more rapidly after the amputation of a pregnant uterus. In fibroids the uterine tissue is œdematous, after operation. It shrinks and will bleed unless the clamp is tightened by a trustworthy assistant. In pregnancy the tissue rapidly contracts and is more elastic. In the case of fibroids the stump is necessarily short, and unless the broad ligaments have been stripped down, the tension drawing up the anterior wall of the rectum produces fatal intestinal obstruction. In pregnancy the stump is longer and very easily constricted, reducing in size, when tied, to the thickness of one's middle finger. Mr. Tait believes that in some favorable case he will drop the pedicle, after careful ligature, just as he would with an ovarian tumor, and without using the cautery. But for the present he would advise country practitioners not accustomed to abdominal surgery, and therefore not having the usual instruments to hand, to do the operation in the manner I will presently describe. You (EDITOR PRACTITIONER) say the account given of it was hardly clear to you, and until Mr. Tait went over it with me again in private, after hearing the account read in his paper, I had your own difficulty.

The instruments needed are:—(1.) Artery forceps of any kind, as many as the doctor can procure. (2.) Rubber tubing, well tried by stretching to see that it has not spoiled. It should be about the thickness of clothes line. (3.) Three or four knitting needles, lest one or two should break. (4.) A pair of wire cutters. (5.) A scalpel (and director, if he prefers one). (6.) What sponges he has, but they must be clean. A ready rule of thumb for