

whole epidemics show marked variations in this respect. These variations have been so marked that some have looked on them as indicating that we have not one but several fevers under the name typhoid. A more probable explanation, however, is, in the light of knowledge gained from the cultivation of germs, that the bacillus typhosis varies in its virulence from time to time from conditions of environment and perhaps many causes at present beyond our means of observation. We may hope that before long means may be found of immunizing from typhoid and of cutting its course short by serumtherapy. This is what we may confidently look forward to in the light of recent results in this line, not only in typhoid but in all self-limited diseases.

Clinical Notes.

Case in Practice—Hysterectomy for Fibroid of Uterus.

BY DR. ALBERT A. MACDONALD, TORONTO.

Mrs. M. P—, married, aged 55, of good family history, has always enjoyed good health, never pregnant, menstruated first when aged 13, and was regular until aged 50, when she ceased for some months, after which a flow came on at irregular intervals—sometimes she would be free of trouble for months. Eighteen years ago she noticed an enlargement in uterine region. Consulted Dr. W. T. Aikins, who diagnosed a tumor, and advised that it should be let alone. She took quantities of "cancer cure" on the advice of her friends, but the growth only proceeded to enlarge gradually. Since February, 1896, she has had several hæmorrhages, two of which were very severe; the growth has so extended that great impediment to her digestion is offered, and she "feels as if she cannot live much longer in her present condition." Examination reveals a fibroid tumor of the uterus, the greater mass of it being in the posterior wall; the fundus of the uterine tumor reaches about two inches above the umbilicus. Hystero-myomectomy was advised. Operation on October 6th, 1896, at "Bellevue House," assisted by Drs. Temple and Baines. After abdominal incision, the tumor was lifted out of its bed; the broad ligaments, with their contained vessels, were tied off and cut. The pedicle was constricted by annealed wire *serre-nœud*; it was then fixed in the wound. A single silk worm gut suture passing through the abdominal parities, and also through the neck of the uterus below