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## Griginal Communications.

#### A CASE OF HYSTERECTOMY.

BY DRS. STEWART OF PICTOU AND INGS OF NEW GLASGOW.

Mrs. C., aged 41, consulted Dr. Hector MacKay of New Glasgow early last March on account of pains in her stomach, and sciatica.

From the signs, symptoms and history about to be related, Dr. MacKay diagnosed uterine fibroma, and Dr. Ings, who was called in consultation, confirmed the diagnosis, and advised an operation.

On March 9th, I saw the patient with Dr. MacKay and Dr. Ings, and agreed with them as to the nature of the case and the necessity for operative interference.

The general health of the patient had always been fair. She had been troubled for years with attacks of sciatica, and she also had been aware for several years of the existence of a "lump" in the lower part of her abdomen, but thought nothing of it as it was painless

and gave her no annoyance. It had of late increased rapidly in size. She had been married a little over a year, and had menstruated regularly until the first of January of the present year.

She had always suffered a good deal of pain at the menstrual epochs, but ever since the last period there had been almost continuous pelvic uneasiness, with severe bearing down pain and frequent and scanty micturition. There was constipation, and the motions had lately become slender and flattened. The sciatica had also been much more severe.

All these symptoms, indicative of intrapelvic pressure, were rapidly becoming worse, and the patient, who had done all her household work unaided until three or four days previously, was now obliged to keep her bed.

On examination a firm, rounded tumour was found occupying the position of the pregnant uterus and rising midway between the umbilicus and the ensiform cartilage. It had the appearance of a pregnancy of about six months. It was slightly movable from side to side. Towards each groin a smaller