ovary than on the tube, with much better results. The surgery of the pus tube has passed through three distinct stages. First, Tait and his followers removed both tube and ovary, making a common channel. This necessitated the leaving of a small proximal piece of tube. Some patients were not cured, and came back and had the uterus removed, and a cure resulted. The uterus was thought to be the offending organ, while in reality it was the stump of tube left behind. Next, the French surgeons, blaming the uterus, removing all the appendages, and many times part of them not diseased.

Then came the present method of opening the abdomen and resecting the pus tube out of the bone of the uterus and sewing up the V-shaped wound with catgut. I would no more think of leaving a piece of diseased tube at the uterine end, than I would of leaving a long stump of appendix on the bowel. True, the woman is sterile, with the tubes gone, so she was before the operation, but you have relieved pain and other symptoms.

We should leave some ovarian tissue wherever possible. Every woman has a right to have her menstrual function preserved to her during the child-bearing period where at all possible; she is better for it in every way. Diseased ovaries are more likely to restore themselves than are diseased tubes.

In badly diseased ovaries save some part of ovarian tissues.

In badly diseased tubes remove all the tube into the uterine tissue.

Discussion by Dr. T. Shaw Webster on Conservative Surgery of the Tubes:

Conservative surgery of the tubes and ovaries should be endeavored, and if it fails to cure, medical operation may then be done. By the vaginal route they can be done easily, and if pus presents good drainage will save the patient from danger of sepsis.

Salpingostomy should always be attempted, and will frequently give the desired result.