

All pain and discomfort completely relieved. On returning home this lady became pregnant. She is now in excellent health, and expects her confinement next September.

*Case V.*—Mrs. E. Married about nine months. Highly neurotic, suffers severely from insomnia, and can with difficulty be prevented from taking drugs.

Little or no complaint made of pelvic symptoms, but was very anxious for children, and requested examination with that object in view.

Bimanual examination under ether revealed a fixed and retroverted uterus, while the tubes and ovaries on each side felt hard and not very mobile.

Operation March 26, 1908. Uterus very firmly adherent posteriorly. Adhesions severed and uterus raised. Very dense adhesions were encountered between the right ovary and tube and the pelvic wall. Adhesions cut close to ovary and tube. Adhesions on the right side slight and easily separated.

On raising the organs well up after freeing all adhesions the tubes and broad ligament were seen to be studded with small cheesy-looking deposits I believed to be tubercular. As many as possible were removed. The left tube was opened without much difficulty, and a probe passed along it.

The condition of the right tube was not so satisfactory.

Its fimbriated end had vanished, and in its place was a smooth, rounded knob. I cut this off, found the opening into the tube, and passed a probe along it. The probe was arrested about half way by what I believe was a deposit of tubercle. I could not tunnel the obstruction, and I did not think it wise to resect the diseased segment of tube. I therefore lightly suspended the uterus and closed the abdomen.

Recovery uneventful. The neurotic symptoms and insomnia have almost entirely disappeared.

There has not been time yet to test this patient's ability to conceive. The left tube is potent, and should serve her purpose. If it does not, and her wishes for maternity are sufficiently keen, I would not hesitate to reopen the abdomen and resect the blocked segment of the right tube.

Discussion by Dr. S. M. Hay on Conservative Surgery of the Tubes:

I wish to congratulate the reader of the paper on the excellent results obtained by his methods; however, I think that perhaps a more extended experience might not prove so successful.

I am glad that the paper included conservative surgery of the ovary as well as the tube, as much more can be done on the