

the custom to remove both tubes and ovaries when even one tube was diseased, even though the other tube and both ovaries were apparently healthy. When this was done in young women the artificial menopause brought on so suddenly was accompanied with great inconveniences, so much so that many of these young women declared that they regretted having had the operation performed. This led us to remove only the tube and ovary on the affected side and although we occasionally were reproached for not making a complete cut by removing both, mostly in cases of sclerotic ovaries, yet these cases were much fewer than those who complained of the miseries of the premature menopause. More attention was then directed to the matter and now we frequently leave both ovaries in, even where we have to remove both tubes for sup-puration. Nearly a year ago such a case came under my care. A young lady was infected by her fiancé with gonorrhœa leading to two very large pus tubes. He so regretted his crime that he was anxious to make amends by marrying her and she begged that I might leave her ovaries. The pus tubes were therefore removed without tying the ovarian artery or otherwise hurting the ovaries, except that the adhesions were stripped off them and they were carefully cleaned. This patient made a splendid recovery and is now very happily married. She menstruates regularly and normally and has all her womanly feelings and attributes. As I used catgut to tie off the tubes at the corner I would not be surprised to learn that she had become pregnant. In many other cases I have removed three-quarters of one or both ovaries and a part of one tube with very satisfactory results. As many of these were done during the last few months it is too soon to expect them to become pregnant, but there is no reason why this should not occur. Since beginning this article I have operated on a lady for retroversion with fixation, who was most anxious to have children. I found both tubes closed and imbedded in adhesions, the result of a severe attack of pelvic peritonitis from which she nearly died eight years ago. Both ovaries and tubes were torn almost to shreds by the enudations and nearly an hour was spent in patching them up with fine silk; but finally a good tube was left through which a probe could be passed into the uterus. She is making a remarkably pleasant recovery from the operation and I have yet hopes of her becoming pregnant.