

these cases I feel amply justified in running the risk of one or two per cent. in opening the abdomen, freeing the adhesions, and fastening the anterior surface of the uterus to the abdominal wall, after having first scarified the peritoneum to the extent of a twenty-five-cent piece, on the opposing surfaces. When I have made up my mind that the case is bad enough to justify the opening of the abdomen, I have generally found the condition of affairs to be much worse than I expected, and the saving of both ovaries and tubes was simply out of the question. When, however, the woman has been young, and desired me to leave one ovary, or even a part of one, and when she has asked me to leave a tube or a part of a tube, so that she might become pregnant, I have always done so, provided that she has expressed her willingness to take all the blame herself, and cast no reflection upon me, if the remaining pieces of ovary and tube should ever cause her so much suffering as to necessitate a second operation. In about ten cases they have come back expressing their regret that I did not remove all the diseased organs, and about five of these have had a second operation followed by a perfect cure. In about ten other cases they suffered no inconvenience from my having left the two ovaries, or one, or even the half of an ovary, their operation having turned out a complete success.

About five or six of them have had one or more children since, and in no case has there been a single untoward incident in connection with their delivery. No prolonged labors, no dystocia requiring the use of forceps, no Cæsarian sections, no stillborn babies; the terrible pictures which I have seen so often painted in the medical journals as being the inevitable result of labor after ventrofixation were completely lacking. There was just a plain, ordinary, every-day confinement. None of them were confined by myself, but three were attended by Dr. Sylvester, one by Dr. Johnson, and another by Dr. J. Leslie Allan. This patient was admitted to the Samaritan Hospital for Women in March, 1902.

Mrs. R., age 27, married six years, and mother of two children, but during the last two or three years had been suffering constantly, especially during menstruation, which was irregular and profuse. The adhesions were so dense that in order to free them and to get the uterus up the tearing of them was unavoidable, and the ovaries were cystic and cirrhotic, being covered with a dense capsule. One ovary and tube were removed completely, and two-thirds of the other ovary, but one tube was allowed to remain. Dr. Allan states that her confinement on the