shock by the abdominal route. This I deny; if the patient is kept warm and dry, if the operation is quickly performed, if only a small amount of anæsthetic is used, if no blood is lost (not more than an ounce or two), if she has been properly prepared and is operated on in the Trendelenburg position, so that above all the bowels are not seen and still less handled, then I claim that there is even less shock by the abdominal operation than by vaginal morcellation. 2nd He claims that there is less danger of infection of the peritoneum and better drainage, while fæcal fistula due to injury of the bowel which oftener happens after vaginal morcellation has a better chance of recovery. To this I reply that by the abdominal method there is nothing to drain, the peritoneum being left clean and dry and everywhere closed, and the bowels are not injured because we can see what we are doing and can take care not to hurt them. 3rd, That the bowels adhere to the incision. But this does not occur if the omentum is well drawn down behind the incision. 4th, He quotes Winter and Olshausen as saying that ventral hernia occurs after abdominal operations in 8 per cent., after three layer sutures, and in 20 to 30 p.c. after through and through sutures. To this I reply that by leaving the sutures in for 4 weeks I have had no hernia during the last four years in about two hundred abdominal sections. 5th, He claims that vaginal morcellation is safer for the ureters, but I hold that all the cases of injury to the ureters that I have heard of occurred in vaginal operations, and the only time that it has ever happened in my own work was in a case of vaginal hysterectomy, while in my fifty cases of abdominal hysterectomy it has never happened once. 6th, He claims that there is less loss of blood. This I deny; for in my last fourteen cases of abdominal hysterectomy for fibroids there was not in any of them as much as four ounces of blood lost, in some only half an ounce, because all arteries were tied before being cut. Moreover, Thienhaus lost one case in twelve (in this case he was unable to complete the operation by the vagina), while against this I have to report fourteen cases—all I did in the last two years—recovered. One of them was a particularly unfavorable case, being 50 years of age, waxy in appearance and having both an organic and a