1. Where the fundus is falling there is no necessity or justification for the exploration of the uterine cavity. If sepsis exists it must be looked for elsewhere.

2. If involution has not progressed for three or four days a careful examination should be made of the genital tract.

3. Sub-involution, associated with other evidences of sepsis, indicates that the uterus is at least a point of infection, if not the only one, and as such requires our immediate attention. Remove all foreign substances and disinfect the endometrium, but do so with all gentleness. We should not forget that nature has ways of her own of preventing the entrance of infection to the blood and lymph streams, and should hesitate to break down (currette) her barriers until we have something better to substitute for them.

4. Sub-involution, with no suggestion of sepsis, is most frequently due to one of two causes, viz., retention of secundines or clot, or laceration of the cervix.

In the first case it is only necessary to remove the foreign substance. The treatment of cervical tears at this time is still a moot point, but, for my own part, I may say that the results of repair at the end of the first week have been most gratifying.

Not infrequently when exploring, according to the above rule, nothing has been found other than what appeared to be an unusual amount of lochia, frequently mucus in character, on disturbing the cervix, with the result, however, that the desired effect was secured. Apparently there was some obstruction to drainage, and the act of examination disturbed things sufficiently to remove the obstruction.

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Attacks of abdominal pain preceded by "rumbling" of the bowels is suggestive of some obstructive condition.—*American Journal of Surgery.*

Severe and repeated headaches may be due to the unsuspected presence of otitis media, with or without mastoiditis. —*American Journal of Surgery.*