with other uterine diseases. If there is one symptom to which I attribute more importance than another, and one which more frequently occurs, it is the sense of pressure on the top of the head, just about the position of the anterior fontanelle. Some patients speak of a burning pain there, others as if they wanted to press their head against something, while others will tell you of a sensation there so unbearably distressing that they believe they will go crazy. This is a symptom I have noticed as being not unfrequently present. I do not remember this as a symptom denoted by any author, but it is one I have recognized for the last fifteen or sixteen years. Oftentimes the patient consults you only on account of the headache, and will tell that it is not at all like the headache from stomach derangement, neither is it like neuralgia, but incomparably more unbearable than either. Then in old standing cases, where the headache of this character has been more or less persistent, there comes in the current of the history fits of melancholy, and, indeed, the patients will volunteer the statement that her usual jollity has given place to irritability, by which she really means mental depression. Close observation will often detect an anxious countenance. Catching this anxious and frequently sallow countenance, I often feel pretty certain of my diagnosis before the patient is rightly seated in my consulting-room. With many of these poor women how wearily the day passes, and without a ray of sunshine to brighten their path. To make better their body—to cure them of their ailments is really to regenerate them—is to change a saddened countenance into one expressive of gratitude beyond any pecuniary consideration.

Now a great deal has been written about mental depression and tendencies to insanity in cases of laceration of the cervix of long standing, but I have frequently seen the same symptoms in subinvolution, unaccompanied by any laceration. When you cure the subinvolution, whether it be accompanied or unaccompanied by a lacerated cervix, you cure the melancholy and headache as well, and in general all the other symptoms. But some of these cases cannot be cured with any medicinal agent, either by internal administration or local application, but by some operative procedure, of which I will have occasion to speak. Recent subinvolution will always be characterized by more or less menorrhagia, and in not a few instances those also of long standing. The inference from a clinical standpoint is that the condition of the uterus in those latter cases always remains much the same. One who has at all carefully observed his cases of subinvolution will have noticed some of long standing, which, aside from the history, would appear to have been cases of only recent date, cases in which the uterus, body and neck, still remains soft and large, while others present the sclerosed condition, in which the menstrual discharge becomes scanty. Upon examination, we often find a patulous os and open canal, with considerable enlargement of the uterus. The enlargement is evenly distributed and is readily made out by the bimanual method and confirmed by the sound, which may pass from three to five inches. Excluding pregnancy and abnormal growth, the enlargement in conjunction with the history will seldom fail to establish the diagnosis. There is in general an increased sensitiveness about the uterus, more noticeable when you endeavor to raise the uterus up than when you press upon it from above; and more especially is this the case if the uterus be retroverted or retroflexed. In all such cases dispareunia is a prominent symptom; unrest and an aggravation of symptoms follow cohabitation. I am always suspicious of retarded or arrested involution, where the history of illness dates from labor (either at full term or premature), where it is accompanied by menorrhagia, and especially if menorrhagia occur during lactation. Whatever may be the direct cause, I suspect involution. Then I confirm my suspicions by a diagnosis made negatively; that is, as far as possible, by eliminating the possibilities. Careful physical examination, with the information already obtained, will in general clear up all doubts about the case. In a few cases we find that the menstrual flow, from its first re-appearance, is scarcely beyond the normal, and yet there is marked subinvolution. It will generally be observed in these patients that lactation exercised a sufficient influence to prevent menstruation until some nine or ten months after the birth of the child. I have a patient under my care now (who recommenced menstruation when her child was nine months old, and who continued to nurse the child for five months longer), in whom menstruation has been normal since its first re-ap-