the normal involution of the uterus. And first amongst those unfavorable influences is fever. An elevated temperature, whether it be from specific fever or septic causes, or inflammatory changes, interferes with general nutrition, and to a marked extent is this the case with the uterus following parturition. Recall to your minds some of the peculiarities of the muscular tissue, of which the uterus forms a good example. Arrest of the function is followed by little or no atrophy, whereas exaggerated action leads to hypertrophy to a marked extent. Irritation of the nerves supplying these muscles has less influence on the contraction of their fibres than direct excitation of the muscles themselves, and regeneration of their fibres takes place rapidly; in marked contra-distinction to the voluntary muscles, the structure of which is not easily restored. In reference to the uterus itself, there is no organ in the body which so readily responds to irritation. The presence of a myoma deranges its vascular supply and leads to hypertrophy. So will a contracted os or a flexed cervix, because resistance is offered to the passage of the blighted elements of the lesser reproductive process. Pregnancy so stimulates the nutritive activities, that an organ of 12 or 14 drachms increases to twice as many ounces during the short period of a full utero gestation, while the inverse process is accomplished in the marvellously short period of six or eight weeks. Our attention should therefore be directed to the uterus in all cases where fever has occurred during the puerperium; *very frequently we will find arrested involution.* Then inflammatory attacks occurring in the body or neck, or in immediate connection with the uterus, as in pelvic peritonitis or cellulitis, may be looked upon as unfavorably influencing retrogression; these are the cases in which one may expect to find subinvolution present.

A lacerated cervix or a lacerated perineum, or any serious injury to the vagina, is more known to arrest involution, not only of the uterus, but of the vagina often.

Then there are cases of general debility—impoverished blood—an enfeebled and disordered state of the nervous system, where the nutritive processes are below par; where there is muscular atony, and consequently but feeble rhythmical contraction of the uterus. In all these cases, one almost invariably finds involution retarded. And these are the very cases where the mother is considered unable to nurse her child; and consequently the stimulus to reflex action, which is an important factor in the production of uterine contraction, is lost—a not unimportant point to remember in all cases of abortion. The retention of any portion of the secundines, displacements, prolapses and flexion, keep up a state of hyperemia which interferes with involution. My experience, however, leads me to believe that displacements are more frequently the effect than the cause of the ailment. The weighty uterus is not so easily steadied, and hence topples over, and generally in the backward direction, perhaps being first influenced in that direction by a distended bladder. Other unfavorable circumstances influencing involution are post-partum hemorrhage, neglect to empty the rectum once in 24 hours, a too early resumption of the upright position, or any local cause whatever productive of venous obstruction. With the knowledge of all these circumstances the physician stands as sentry on guard, and who can say in how many instances disease has been averted, and the physiological changes incident to involution have gone on without let or hindrance. The prevailing idea amongst the laity that the patient should be up and about on the ninth day is productive of no little harm. At times it requires considerable firmness on the part of the physician to break down these old-time prejudices. I look upon too early getting up of etiological importance in connection with subinvolution.

There are certain accidents which frequently occur in connection with the subinvolution. For instance, a subinvoluted uterus is liable to prolapsus—liable to displacement. Indeed I very frequently find, with subinvolution, retroversion or retroflexion, or both, with the ovaries dragged down, enlarged and tender; and in not a few instances I have been enabled to detect a varicose condition of the veins of the ovary. In the majority of cases, these are results of subinvolution—conditions which, although relieved, are liable to return after subsequent pregnancies. Hypertrophy and elongation of the cervix are often present.

As far as symptoms are concerned, I think it almost impossible to determine that subinvolution exists. Indeed there are no pathognomonic symptoms, and there are many symptoms in common