The mammary gland is vigorously affected. Osteomalacia is exacerbated.

Results: Gestation temporarily relieves splanchnoptosis. From uterine pressure viscera are compromised, ducts and vessels obstructed, and nerve apparatus traumatized. From the delicate transportation of the ovum from oviduct to uterus oviductal gestation may arise. From the thick, succulent endometrium bacterial and other diseases may occur. Proximal movements of the pregnant uterus relieves splanchnoptosis. Uterine pressure obstructs ducts and vessels (especially veins) compromises viscera, and alters nourishment, e.g., disastasis of the musculi recti abdominales. It produces irritability of the nervous system. The increase in volume of the distal end of the genital tract from vascular stasis produces active pudendal glandular secretion, and exposes it to bacterial invasion. elongation of the pelvic joint ligament produces the wadling duck like gait compromising movement, yet increasing the pelvic osseous outlet. Parturition predisposes to disease by trauma, infection, hemorrhage, uterine rupture, eclampsia and fatal shock from uterine inversion or invagination.

V. Puerperium (condition): Uterine involution, duration two to three months; hyperemia and secretion active. Ciliated epithelium, endometrium, utero-ovarian artery and myometrium (parenchymatous cells) completely developed. Placental site is an endometrial wound. Relaxed abdominal wall. Trauma of labor produces numerous solutions of continuity. Tractus geni-

talis has relaxed supports.

The peritoneum lies folded and loose on the uterus. The uterus in a few days resumes its ante-version. Immediately after parturition the corpus is solidly contracted, the cervix is slack or flaccid. The os uteri externum represents a transverse slit, remaining patent for about a month; ovary and oviduct resume their usual position in about a month. The puerperal lochia is at first pure blood, later blood mucous, still later mucous, and finally serous. The lochia continues about six weeks. Involution of the parenchymatous cells (muscle, nerve, elastic, ciliated, epithelium) are practically complete in eight weeks.

Result: 1. From active hyperemia and secretion there are maximum culture media, hence (1) bacterial disease active; (2) patient has an endometrial wound at placental site, hence endometritis and myometritis. peritonitis; (3) trauma, predisposes uterus and mammae to malignancy and imflammation; (4) distension of the abdominal walls predisposes to splanchnoptosis by (a) relaxed abdominal walls, (b) consequent distilward movements of viscera, and (c) gastro-duodenal dilatation from compression of transverse segment of duodenum by superior mesenteric artery,