coccus and tuberculous bacillus); 2, limited endometritis and myometritis.

III. *Menstruation* (condition): Reproductive, uterine crisis. Duration of each crisis 10 days (*a*) premenstrual phase 3 days; (*b*) intramenstrual phase 3 days; (*c*) post-menstrual 3 days while (*d*) the intermenstrual phase continues 20 days. Menstrual function persists 30 years. Vascular myometrical and endometrical development with periodic hyperemia and secretion characterises this condition. Ciliated epithelium arises with developing utricular glands. Automatic menstrual ganglia springs into active life. Parenchymatous cells make rapid growth. The hyperemia of the uterus in menstruation is shared by the tractus urinarius. Congestion and anemia arise in other portions of the body during menstruation,

Blood and mucous flows from the endometrium. The endometrium doubles in thickness. The swelling of the endometrium is due to (*a*) proliferation of and wandering of leucocytes, and streams round cells; (*b*) elongation and widening of utricular glands; (*c*) serous edema. The mucosa remains intact except local areas of interstitial or submucous hematoma. The ovary, the vaginal and endosalpingial mucosa and pudendum swell.

Menstruation, a maximum function of the uterus is intimately connected with the physical and psychical life of the subject. Menstruation prepares the endometrium to nourish an ovum, menstruations depends to a certain extent on the ovaries and intact utero-ovarian or genital vascular circle.

Results: A healthy tractus genitalis conducts a painless menstruation; hence dysmenorrhea rests on a pathologic base, *i.e.*, congestion and peristalis induces uterine pain. Painful peristalsis rests on myometritis. Therefore menstruation is the first and most practical function of the genitals regarding age, predisposition to disease as it is the test of their anatomic and physiologic perfection. Periodic preparation of the endometrium exposes it to defects and also to bacterial disease. Since menstruation is so closely related to ovulation as much as possible of both ovaries should be left in situ during surgical intervention. The general results on the uterus from the conditions of menstruation are bacterial disease, recurring at times of periodic hyperemia and secretion with consequent endometritis and myometritis ending in dysmenorrhea, amenorrhea, metrarrhgia.

Results: 1, Bacterial disease active from culture media (*a*) cold consist of a congestion, (*b*) secretion and (*c*) multiplication of existing bacteria); 2, endometritis: 3, myometritis; 4, carcinoma; 5, sarcoma; 6, perimetritis; 7, headache; 8, mastitis; 9, skin eruptions; 10, odor from pudendal glands; 11,