We are glad to know that our readers have followed with interest and appreciation the arguments and proposals which we have made upon this very important subject. We shall be glad to hear any further criticisms or proposals which any of them will favour us with, for the matter will, we have reason to believe, rapidly assume a practical form and shape.

The two Medical Associations, as we have already shown, have expressed their desire for Nursing legislation. In any action which they take, they will doubtless be glad to know and to utilise any practical views expressed by the

Nursing profession.

Physical Decadence.

THE INFLUENCE OF DRESS IN PRODUCING THE PHYSICAL DECA-DENCE OF AMERICAN WOMEN.

> By J. H. Kellogg, M.D.,* Sanitarium, Battle Creek, Michigan.

(Continued from page 104.)

N nearly twenty years of medical practice, I have had to deal almost exclusively with chronic disorders of various sorts, and especially with two classes of chronic diseasedigestive disorders, and maladies peculiar to women. Having under observation from 1,000 to 1,500 cases annually, under conditions favourable for careful study and comparison, I long ago noticed the remarkable frequency of the association of certain forms of pelvic disorder (especially in women with a narrow waist and a protruding abdomen). I did not, however, attach so great importance to the matter as I should have done, I frankly confess, had I not had an erroneous notion respecting the normal contour of the female figure. It was only after careful study of this matter among savage women, and women whose figure had never been modified by the deforming influence of the ordinary civilised dress, that I acquired a basis from which to view this subject in a rational way. I then began careful enquiry into the matter, and for several years back have made, in all cases of pelvic diseases of women coming under my observation, a careful study of the condition and relative position of the various abdominal viscera, as well as of the pelvic organs.

In 250 cases of women suffering from pelvic diseases, taken consecutively and without selection, in each of which a careful examination was

made with reference to the condition and position of each of the abdominal viscera as well as of the pelvic organs, I observed the following disturbances of the static relations of the

In 232 cases, downward displacement of stomach and bowels.

In 71 cases, right kidney distinctly movable and sensitive to pressure.

In 6 cases, both kidneys freely movable.

In 9 cases, downward displacement of the spleen. In one of these cases, the spleen lay at the

bottom of the abdominal cavity. I have made a large number of outline tracings in cases of women suffering from pelvic diseases, and sup-plemented these by careful examination of the position and conditions of the abdominal and pelvic viscera, with the following results, as regards the relation of the static changes in the abdominal organs, to similar changes in the organs of the pelvis.

In 150 cases of pelvic disease, the stomach

and bowels were displaced in 138 cases.

In 66 cases, the stomach and bowels were displaced without displacement of the uterus. In 26 of these cases, there was also a displacement of one kidney, and in 5, a displacement of

In only 7 cases was there displacement of the uterus without displacement of the abdominal viscera, and three of these were cases of large uterine fibroids, in which the visceral displacement was probably present, but masked by the

morbid growth.

My statistics seem to show very clearly that visceral displacement is not a disease which is especially confined to the pelvis. Indeed, a careful study of the means by which the pelvic organs are held in place, suggests that they are better provided for in this respect than any other of the viscera below the diaphragm. The data which I have collected respecting the relative frequency in the displacement of the pelvic organs, and other organs of the abdominal cavity, clearly support this idea. In 150 cases of pelvic diseases, there were only four cases in which displacement of the pelvic organs was present without displacement of one or more of the abdominal viscera, while there were 66 cases in which the stomach and bowels were displaced without any displacement of the pelvic organs. In 26 of these cases there was also a displacement of the kidney, and in five a displacement of the liver. It is evident, then, that visceral displacement of the organs of the lower trunk must be regarded (of course leaving room for exceptions) as a general disorder, affecting more or less the entire contents of the abdomen and pelvis, rather than as a disease confined to one

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