

or two of the organs in which the subjective symptoms happen to be most prominently manifested.

How a displacement of the stomach, a kidney, the bowels, the uterus, or an ovary, may occasion disease, is a pathological question which it is not necessary to spend time in discussing, since the disturbance in blood-circulation, and hence in nutritive changes (possibly, also, in the supply of nervous energy), and the development of abnormal and pernicious nerve-reflexes, are etiological factors, the influence of which is too well known and understood to be disputed, and which are likely to come into active operation under the morbid conditions established in an organ crowded by abnormal pressure out of its proper place. Nature has placed each internal organ in the position in which it can do its work most easily and efficiently; and the studies of the results of visceral displacement which have been made by eminent scientific physicians, have shown that to morbid conditions of this sort may be fairly attributable the most serious, and not infrequently the most obstinate, disturbances of some of the most important vital functions, and through them, of all the other functions of the body.

The question may arise, whether we are treating the subject fairly, in charging upon errors in dress, so great and so serious modifications of the human form as we have pointed out, and whether it is not possible that visceral displacements in some of those cases to which I have called attention are to be found in men as well as in women. In order to place this subject upon a rational basis, I recently made a careful examination respecting the position of the stomach, liver and bowels in fifty working men and seventy-one working women, all of whom were in ordinary health.

In the seventy-one women examined, prolapsus of the stomach and bowels was found in fifty-six cases. In nineteen of these cases, the right kidney was found prolapsed, and in one case, both kidneys. The fifteen cases in which the stomach and bowels were not prolapsed were all persons under 24 years of age. None of these had ever laced tightly, and four had never worn corsets or tight waistbands, having always worn clothing suspended from the shoulders. It is noticeable that in a number of cases in which corsets had never been worn, tight waistbands had produced very extensive displacement of the stomach, bowels and kidney. In one of these the liver was displaced downward.

In the fifty men, I found only six in whom the stomach and bowels could be said to be prolapsed. In one the right kidney was prolapsed. In only three was the degree of prolapse anything at all comparable with that observed in

the women, and in these three (and in one other of these six cases, making four in all) it was found on enquiry that a belt or something equivalent had been worn in three cases, as a means of sustaining the pantaloons. In one case the patient attributed his condition to the wearing of a truss furnished with a belt drawn tightly about the waist. This belt had been worn a sufficiently long time to be an ample cause for the visceral displacement observed. In the two cases of slight visceral prolapse in which belts had been worn, there was considerable deformity of the figure due to general weakness, and a habitual standing with the weight upon one foot. By comparison, we see the relative frequency of visceral prolapse in the men and women examined, was 12 per cent. of the men and 80 per cent. of the women. In other words, visceral prolapse was found to be $6\frac{2}{3}$ times as frequent in women as in men. It is also noticeable that, with the exception of two cases of visceral prolapse in the men, the visceral prolapse in the men was due to the same cause which caused visceral prolapse in women; viz., constriction of the waist. It makes no difference, of course, whether the constriction is applied by means of a corset or a waistband or a belt.

I have met a number of cases of visceral prolapse in men in which the disease was directly traceable to the wearing of a belt. One case was that of a military officer, who wore a tight sword belt, in which he carried almost constantly a heavy sword. I have also made some observations of the same character among blacksmiths, who have a habit of sustaining their pantaloons by means of the strings of their leather aprons tied tightly about the waist, the suspenders being loosened so as to give greater freedom to the movements of the arms. Farmers, also, sometimes seek to liberate their shoulders by wearing the suspenders tied about the waist. Leaving out of consideration the four cases of men in whom the visceral displacement was due to the same causes which produce this morbid condition in women, we find but two cases in which the viscera had become displaced from other causes, or one in twenty-five—a frequency just one-twentieth of that in which this diseased condition is found in women who consider themselves enjoying ordinary health.

These facts, it seems to me, are amply sufficient to establish my proposition—that constriction of the waist is the cause of downward displacement of the pelvic viscera, and of the diseases which naturally grow out of such disturbances of the static relations of the organs occupying this portion of the trunk.

(To be continued.)

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