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## Original Communications.

### GYNECOLOGY AND OBSTETRICS.

By A. LAPHORN SMITH, B.A., M.D., Lecturer on Gynecology, Bishop's College, Montreal.

A reaction seems to be setting in against the corset, and it is becoming generally admitted that the great increase in abdominal pressure which it causes is to be blamed for a great many of the diseases to which women are victims. Loenfield (*Polyclinie*), in an interesting article, lays great stress upon the injury which they do by interfering with respiration. It is clear that, if a woman is prevented from taking in sufficient oxygen for her needs, her blood must deteriorate. Poor blood means weak muscles and a flagging brain. It has been noticed, he says, that college women have largely given up the wearing of corsets. It is doubtless a custom that will become more and more widespread. It would seem strange that anyone should care to pour into herself intellectual food at the same time that she carefully shuts off the draft of her furnace and so prevents its utilization.

Marchand thinks they are a common cause of the formation of gall stones, from which women suffer more than men. Pressure exerted by this article of dress on the liver is transferred to the gall-bladder and its ducts. This pressure is not uniform; it

is more constant by day, but decreases at night or is exerted only when the form of the thorax is already altered by pressure. This pressure causes the retention of the bile in the gall-bladder. During the daytime the bladder tends to empty itself. In the intervals of digestion and during the night, it has a tendency to re-fill itself. If the daily evacuation of this organ is prevented or only imperfectly effected, there is a recurrence of stagnation of bile and a consequent disposition to the formation of gall stones.

I do not think that women are alone to blame for wearing tight corsets. They only try to meet a demand. If men admired women of natural shape more than thin waisted girls, the supply of the latter would soon cease to come on the market. So that we should educate our male acquaintances to understand the probable sickness and costliness of corset-laced wives.

Gusserow (in the *Archiv. für Gynakologie*, translated in *Med. Chronicle*) contributes an interesting paper containing a summary of 31 cases of laparotomy for pyosalpinx. In every case he obtained evidence of preceding or accompanying perimetric attacks, which he considers an essential condition for the production of the disease, by closing up the uterine opening of the oviduct. In many of the cases there