

Those occurring in men manifest themselves after the age of 50, and usually in those who have at one time been fleshy and have lost much of their subcutaneous fat. There is then a predisposing cause in women who have born children and in old men. That the female gall-bladder is more susceptible to infection than the male is not at all probable; that there is a greater provocation for the stagnation of bile there can be no doubt. This fact has led to the popular belief that gall-stones prevail among women because of tight lacing. While this may be a contributing factor, I think entirely too much stress has been laid upon this point heretofore. Tight lacing cannot explain why gall-stones are more frequent among old women than among those who are guilty of the tightest lacing. Statistics collected by Von Recklinghausen, of Strassburg, present, too, splendid argument against this claim. In Berlin where the hospitals are filled with city-bred women and the wearing of corsets prevails, $1\frac{1}{2}$ per cent. to 2 per cent. of the population, as shown by post mortems, are afflicted with gall-stones; in the Strassburg hospital where peasants are the chief source of clinical material, 15 per cent. are afflicted. Peasants are not accustomed to tight lacing indeed, many have never seen corsets, so other sources must be sought for an explanation of the cause of biliary stagnation. The poorer classes, as is well known, are more prolific than the city bred, whose education along certain lines is not neglected, and they are, as a rule, poorly cared for after labor. Either they have a midwife or a neighbor to attend them and are up assisting the husband to earn the daily bread within a few days after labor. The necessity for abdominal supports after labor, avoidance of physical exertion and other like precautions receive no attention at their hands. I am inclined, therefore, for this and other reasons to attribute the stagnation of the bile in many cases to the relaxation of the anterior abdominal walls and a consequent ptosis of the abdominal viscera. That any increase in the size of the so-called abdominal cavity necessitates a displacement of some or all of the viscera, or a dilatation of the hollow organs through the pressure of their contents, seems to me self-evident. The significance of hernias, prolapse of the pelvic viscera, the pendulous and relaxed abdomen in the production of visceral ptosis, and especially nephroptosis, has been very ably presented by Wolkow and Deitzen of St. Petersburg in a work of some three hundred pages. Landau, too, in 1881 and 1885 showed the effect of the pendulous abdomen in the production of ptosis of the kidney and liver, and the principles proclaimed by him have since been applied to splanchnoptosis in general. Indeed, it is now generally conceded that relaxation of the abdominal walls almost