

## THE DEBUTANTE SLOUCH: A FACTOR IN SURGERY.\*

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The so-called artistic idea of the modiste, through social fad, has developed a new era in surgery. It is an era in which surgical teachings should make known facts, that the growth of young adult bodies to strong womanhood and manhood may be aided. This teaching is of as great, if not greater, importance to success in life and to the economic welfare of the country as that of mental education.

What I say about the "debutante slouch" may appear antiquated to the up-to-date faddist, for I understand the fad is passing out. The fad may be losing but the distorted shapes, deformed figures and weakened constitutions, to be treated as "Ptotic Habitus," as its result, are in decided evidence in almost all social gatherings of young people today.

The literature dealing with "Ptotic Habitus" in its varied forms and degrees is old and voluminous. Glenard,<sup>1</sup> in 1885, the first writer on the subject, believed that the whole trouble resulted from a sinking of the hepatic flexure of the colon. Following Glenard, there were numerous writers,<sup>2</sup> each advocating some particular condition, from that of a floating tenth rib to that of arrested development of the embryo, or reversion to a lower type as the chief characteristic in its causation. Viotor's<sup>3</sup> studies,

in 1906, enlarged on by Martin<sup>4</sup> in 1908, are convincing of the prenatal influence as the most important factor.

All writers describe "Ptotic Habitus" under two general classes, one resulting from prenatal influence and the other from hard work, child-bearing and malnutrition. So far as I am able to learn, no writer has included a specific social fad in the role of causation, which, if true, offers a broader field for discussion of my studies.

The "debutante slouch," like most social fads, is a rather elusive subject; it is impossible to state exactly when or how it

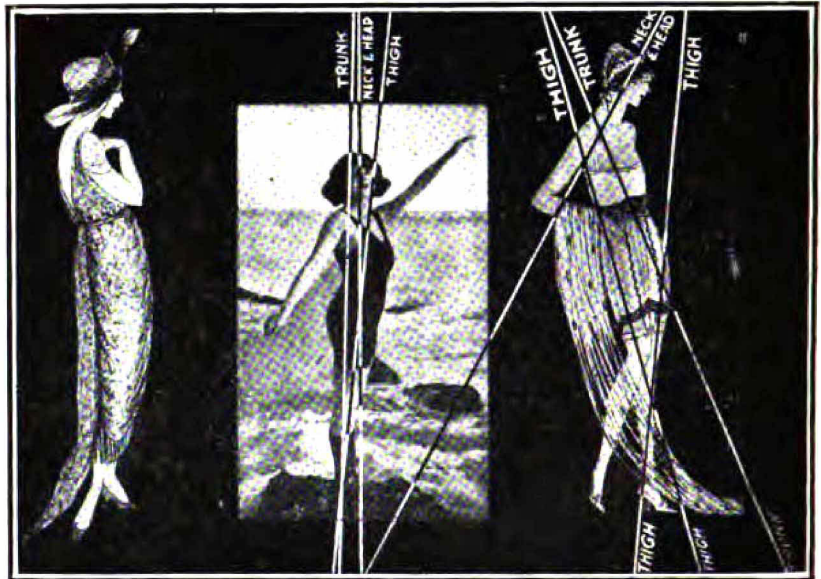


FIG. 1.

- (A) The sidewise type. Clipping from the Vogue Company.  
(B) Normal girl. Note lines indicating center of gravity close around the ankle.  
(C) Sidewise type. Clipping from the Vogue Company. Note diversion of lines through the axes.

originated. However, it did not make its appearance until after 1913. At that time physical culture teachers were advocating high chests, broad shoulders, and flat abdomens. For a brief history of the "slouch" I will quote from a letter received from "The Vogue Company," one of the most correct fashion houses in America:

"About 1914 the Paris coutouries began to show fashions with straight lines which gave an uncorseted appearance. The corsetmakers, who are largely governed by the French dressmakers, began to make the very low-busted corsets, which allowed the waist to be large and gave a straight up-and-down line. This fashion, like other fashions, was taken up gradually, but in time it became smart to look as uncorseted as possible. Standing in a rather sloppy position accentuated this appearance, and it is our opinion that the 'debutante slouch' grew out of this. It is probable that Irene Castle had a great influence on its popularity, as her dancing was greatly admired at just this time,

\*Read before the Section on Surgery, State Medical Association of Texas, Houston, April 24, 1920.

- Glenard: Lyon Med., 1885, Vol. XLVIII, p. 492.
- (a) Harris, M. L.: Jour. A. M. A., June 1, 1901, p. 1526.  
(b) Coffey, R. C.: Philadelphia Med. Jour., Oct. 11, 1902.  
(c) Boyea, H. D.: Philadelphia Med. Jour., 1903, Vol. XI, p. 257.  
(d) Harris, M. L.: Jour. A. M. A., Feb. 13, 1904, p. 411.  
(e) Boyea, H. D.: Jour. A. M. A., 1904, Vol. VIII, p. 629.  
(f) Coffey, R. C.: Northwest Med. Jour., 1904, Vol. II, p. 529.  
(g) Moore, J. E.: Jour. A. M. A., 1905, Vol. XLV, p. 322.  
(h) Hulst, H.: Arch. Physiol. Therapy, Sept., 1905, and Jan., 1906.  
(i) Smith, R. R.: Surg. Gynecol. and Obstet., 1906.  
(j) Luther, J. W.: University Penn. Med. Bul., 1908-9, Vol. XXI, p. 154.  
(k) Smith, R. R.: Jour. A. M. A., Nov. 25, 1910, Vol. LV, p. 1860.
- Viotor, Agnes C.: Boston Med. and Surg. Jour., 1906, Vol. CLV, p. 139.

- Martin, F. H.: Surg. Gynecol. and Obstet., 1908, Vol. VII, p. 638.

and photographs were appearing constantly in leading publications showing her standing in this position."

Broadly speaking, a good standing posture is one in which the long axes of the main divisions of the body, the head and neck, the trunk, the thigh and lower leg, run parallel one to another. The center of gravity should fall in front of the center of the ankle joint (Fig. 1, B). There must be perfect balance, in order that strain on supporting tissues may be reduced to a minimum. The "fatigue type" of the slouch, which was correct originally, soon lost favor to the more modern fad, the "side-wise type," which is so generally practiced today. With the body weight resting mainly on one foot and the other foot forward, the pelvis drops on the side of the resting foot, with corresponding lowering and elevating of the shoulders, however, on opposite sides from the hips (Fig. 1, A). Edith Hildebrand<sup>6</sup> says of the "Debutante Slouch": "The person who

this, the spine assumes a long lateral curve, with its convexity curve toward the higher hip and lower shoulder. These changes in the shape on the bony skeleton necessarily cause approximation of the ribs on the side of the supporting leg, which is almost invariably the right, and separates the ribs on the side of the low hip and elevated shoulder. Ribs so fixed are not responsive to inspiratory or expiratory movements. The result is depressed, flattened and elongated heart and lungs.

Reviewing a large number of histories and agreeing with practically all observers, there can be no question that prenatal influence plays the most important part in the cause of *ptotic habitus* occurring during childhood. There can be no question that child-bearing, hard work and ill-nourishment and wasting diseases, are the direct causes in some of its forms, to a greater or lesser degree. Today the condition of *ptotic habitus*, with its body deformities in early

TABLE No. 1.

	PTOTIC.	SLOUCH.
General appearance .....	Undeveloped, frail .....	Undeveloped, frail.
Facial expression .....	Lacking vigor, apathetic, wrinkled, careworn.....	Lacking vigor, apathetic.
Figure .....	Slender, generally tall.....	Slender.
Form .....	Angular .....	Curves and straight up and down lines.
Muscles .....	Undeveloped, thin, soft, lax.....	Undeveloped, thin, soft, lax.
Adipose tissue .....	Little, if any.....	Diminished.
Neck .....	Slender, generally long.....	Slender, protruding forward.
Chest .....	Long, narrow, collapsed.....	Long, narrow, hollow.
Shoulders .....	Rounded, sloping .....	Rounded, sloping, one lowered.
Upper ribs .....	Generally far apart, prominent.....	Upper front prominent, all on one side far apart.
Lower ribs .....	Closer, slanting down and inwards.....	Slant down and inward. All on one side closer together.
Epigastric angle .....	Much diminished .....	Diminished.
Thoracic abdomen .....	Shallow, narrow, capacity diminished.....	Shallow, broad, capacity diminished.
Abdominal muscles .....	Thin soft. Lower bulging forward.....	Upper flat. Lower bulging forward.
Hips .....	Broad, angular, bony, prominent.....	Thin, less prominent. One lowered.
Spine .....	Dorsal curve increased. Lumbar lordosis diminished .....	Dorsal curve increased. Lumbar lordosis increased. Lateral curvature.

apes the 'debutante slouch' assumes most of the antero-posterior faults of posture—protruding head, drooping shoulders, hollow chest, sway-back, hips thrown forward and bent knees. In addition, there often exists rotation of the spine, displaced organs, a deformed pelvis and flat feet."

With one hip habitually low the side-wise tilt of the pelvic intestinal loops, through gravity, slide down into the pelvis on the lower side, forcing the ovary and tube down with them, and the uterus to the opposite side. The lax, everted leg, instead of a support, becomes a weight and drags the pelvis down on one side, with a proportional elevation of the opposite hip. This change on the pedestal of the trunk would unbalance the body if other weights were not moved to retain its equilibrium. The shoulder and arm of the opposite side and generally the head and neck, respond. In doing

adulthood, is appalling and in a large number of cases is not traceable directly to prenatal influences, or to child-bearing, or to hard labor and ill-nutrition, or to disease other than the social love of fad. It is a result of an unpardonable pride, so falsely believed to be essential in the modern-day style, or rather fad, to boys and girls just entering adulthood. Man has not yet reached a stage in evolution in which the organs are as ideally supported as in the four-legged stage. With the altruistic tendency of modern civilization, by which the weak are made to survive, and with the evil of modern social fad, nature's weeding out process is being baffled and viceroptosis follows.

Study of the anatomy of a normal figure with its normally contained organs and comparison with the *ptotic habitus* individual, whether of congenital origin or not, leaves no doubt that the *ptotic habitus* is markedly influenced by the slouch (Table

5. Bancroft's Book, "Posture of School Children."  
6. Hildebrand, Edith: Public Health, Mich., 4: 469, 1916.

1.) To take the correct "slouch" position, one must ape the figure of the *ptotic habitus* (Figs. 2 and 3.) The majority of these individuals have a low blood pressure and it will be found that the so-called orthostatic variation is present, as a rule, in the *ptotic*. The same individual will register from 10 to 30 millimeters, lower standing than lying down.

These people are peculiarly apt to suffer from muscular insufficiency. This is apparent in the changes in the spinal curves, in the round neck, in the forward drop of the shoulders and, not infrequently, in weak-foot. Such changes are usually looked upon as fatigue. They are less permanent than chest deformities and are materially bettered by rest and improvement in general health. Changes in the upper chest and abdomen take place largely, at least, during growth to adulthood, and are generally permanent. It is these changes that the "slouch" invites first in the growing body, "ptosis" coming later.

True acquired malposition of the organs are due either to constitutional weakness caused by disease, nervous exhaustion or malnutrition; atonicity of the ligamentous supports; absorption of fat from the cellular tissues about the organs; injuries interfer-

prolapse one notes, first, lack of fat, the loss of which diminishes the volume of the abdominal contents and weakens the sup-



FIG. 2.

(A) Photograph of a congenital ptotic. Note slanting ribs and the change in dorsal and lumbar curves.  
(B) Clipping from the Vogue Company, showing correct slouch position sitting in theatre.  
(C) Photograph of acquired ptotic. Note slanting ribs and change in dorsal and lumbar curves.

port and suspension of organs, and changes the contour of the cavity; second, laxness of all the tissues of the abdominal wall, and third, a marked diminution in size of the thoracic abdomen, becoming in turn a factor in the viscera prolapse.

The end result of all types of *ptotic habitus* is the same—falling of organs and viscera, stretching of the ligamentous attachments and traction on vessels and nerves, differing only in degree. Barring accidents, causing traumatism and lacerations, all of these conditions have a constitutional origin, which involves the conclusion that their scientific treatment must be constitutional in character. Removal of the immediate cause, regulated rest and exercise, improvement in nutrition and maintenance of health

of the individual, are of greatest importance, even though local treatment be advisable.

The *ptotic habitus* individual, without reference to cause, generally notices pain in the back and a feeling of weight and bearing down in the lower abdomen first, followed by disturbance of digestion, menstruation and urination, and a long series



FIG. 3.

(A) Photograph of true slouch. Note position of the neck and spinal curves.  
(B) Photograph of a normal person imitating the sitting slouch.  
(C) Photograph of a normal person, who finds it difficult to ape the sidewise type.

ing with their supports; accidents bringing about continued congestion with increased weight of the organ involved; increased pressure from adjacent organs or viscera, or maladjustment of the "lines of internal pressure," due to alterations in configuration of the trunk, producing these maladjustments within the abdomen and pelvis.

As the mechanical interference produces

of symptoms psychoneuropathic in character. They may feel well and free of pain and be able to take their places in society for a period of time, but, as a class, they show less resistance to the strain of life and break down in general health years earlier than their associates of a different build.

A girl, however vigorous and well may, through the "debutante slouch" and other mechanical interference of her normal shape and of her abdominal and pelvic organs, develop *ptotic habitus*. Especially is this true of the society girl, also the working girl behind the counter. They both belong to the classes most susceptible to this abnormal position, as they are both constantly before the eyes of others. In the presence of prenatal influence the "slouch" and other mechanical environments, develop the condition earlier in life and to a greater degree, and under combined causes is more apt to be permanent in all its effects. People having long waists almost invariably have low placed and quite movable kidneys. When such individuals make overdrafts on their nerve force, nervous exhaustion, loss of fat and a more atonic state of the fibrous and other tissues, ensues. The same state of facts obtain with reference to all *ptotic habitus* individuals, whether of defective constitutions of congenital origin or those having a strictly environmental cause. The latter may become a factor in heredity in future generations.

Treatment of all cases, whether of acquired origin or not, should be prophylactic. These patients should be urged to lead a type of life that will keep them in the best of health. They should seek occupations, mental and physical, compatible with their limitations. Gymnastics, deep breathing and knee chest postures, should be practiced daily. Front laced corsets should be worn constantly when not in bed. The corsets should be made to fit each individual. A well fitted, semilunar pad, extending entirely across the abdomen, below the umbilicus, fastened underneath to the corset, will give increased comfort and add much to the support of the relaxed lower abdominal walls. All cases should have from two to three months in bed, with the foot of the bed elevated eighteen inches. While in bed, a well regulated, fattening diet, general daily massage and attention to the bowels, followed by twelve months' use of a correctly fitting, front lace corset, and continuation of constitutional treatment in every respect before operation, should be required.

The methods (differing only in the minds of those who pose as originators of them) advocated for stitching up the prolapsed organs, are too numerous and too well known to be mentioned here. All of them should, from a purely mechanical standpoint, at least, give temporary relief. None, however, have proven to give prolonged benefit without the usual constitutional treatment following. It is most unfortunate that some operators still operate on a morphological basis—stitching all movable kidneys and misplaced viscera, without even correlating symptoms and pathology. I advocate no particular operation or method of stitching the prolapsed organs and viscera, and I question that any operation or operations yet suggested, give permanent relief, or even equal the results of constitutional treatment alone; unless followed by constitutional attention and the corset support indefinitely.