

*The Use and Abuse of Massage in Gynæcological Practice.*  
By H. MACNAUGHTON JONES, M.D., M.Ch., M.A.O.,  
F.R.C.S.I. and E.

IT is widely known that the therapeutic agent, massage, is largely employed at present in a variety of affections to which women are more especially liable. And not only is this the case in regard to those affections arising from morbid conditions of the pelvic viscera, but the same may be said of

resembled Gooch's invention, except that with the latter they did not require two tubes, as with Dr. Routh's instrument, which was a little more complicated:

Dr. MACNAUGHTON JONES expressed his admiration for the identical instrument brought forward by Dr. Routh. It gave them greater grasp, greater power, and greater ease of manipulation.

Dr. GRIGG suggested that the tubes should be made in flexible metal, so as to admit of adaptation to each individual case.

Dr. RUTHERFOORD said he had seen both instruments, and Dr. Routh's was far away the simplest and most effectual; indeed, he could not conceive of any instrument more effectual. It allowed the wire to be kept taut, which was not the case in Gooch's cannula.

Dr. BANTOCK wished to join in the chorus of praise and approval which the instrument had elicited. He pointed out that the suggestion to have the tubes made in soft metal would deprive the instrument of its utility in difficult cases, as it would bend.

Dr. PURCELL said the instrument would be of considerable assistance in high cases of hysterectomy. He had often regretted the want of such an instrument.

Dr. BEDFORD FENWICK asked the price of the instrument, and he advised Dr. Routh to take out his patent at once.

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IT is widely known that the therapeutic agent, massage, is largely employed at present in a variety of affections to which women are more especially liable. And not only is this the case in regard to those affections arising from morbid conditions of the pelvic viscera, but the same may be said of

a number of unhealthful states, due either directly to these pelvic derangements, or indirectly following as a consequence of them.

From sources inside the profession of medicine, and from others outside its pale, the public, which in matters of medical fashion often leads the profession, has learned to believe in massage as a marvellous remedial measure; and as in the past in other matters, so now in this, the patient and her friends suggest to the medical man the course of treatment he should adopt. Or they often go further, and, ignoring medical countenance and advice, prescribe this or that plan on their own responsibility. Truly, Mr. Public, once he is gratuitously mis-educated, becomes a veritable tyrant to that profession to which he pretends submission. Nor can we wonder at this vulgar assumption of little knowledge on the part of lay outsiders, when we find such catering for the curious in matters medical, as the periodical literature of the day supplies. We need express no astonishment if some contemporary periodical is, in the near future, laid under tribute for an article on *Electrolysis versus Mutilation*, or *Keithism versus Tatism*.

One of the tests of medical eminence and stepping-stones to popularity is an article on some such quasi-popular subjects as "Massage in Neurasthenia," "Alcoholism and Insanity," "Worry and Gout." Then comes for patient a fashionable favourite or distinguished politician, and then—well, anything. Now it at times happens that a system or plan of treatment, in itself intrinsically valuable and capable of most useful application, suffers materially from such vulgar handling. The unavoidable contamination with Charlatanism, educated and uneducated alike, so soils its utility that many refuse to believe that any good can come out of it. They dislike it, and cannot tell why. They do not allow themselves to inquire into its merits, or, rejecting the good and evil elements alike, lose the advantage which such an analysis would have afforded. So it has been with massage. The system has suffered from contamination. The art of the masseur has

been interpolated with the avocation of the hotel manager, and a resultant of the two occupations is found in the divided spoils of both. Hence masseurs and masseuses have flooded the medical market, and so-called "Homes" for massage are almost as plentiful in certain localities as pawn offices, and, if we are to judge by the theory of "demand and supply," they should be nearly as remunerative. It is a fact not to be disputed at the present moment that in London a large number of women, after acquiring a superficial smattering of the most elementary medical knowledge, go about as electricians and masseuses, earning—after an investment of £5 in a course of lectures or for other as-easily-obtained badge of knowledge, or even without this expenditure of money or trouble—incomes far larger than an M.B. of London University or an M.R.C.S. can hope to acquire for several years.

How far the medical profession is right in handing over to, medically speaking, uneducated hands the practice of the art of massage, is a question I do not care to discuss. But it is an open fact, that highly qualified medical men all over London can be obtained for one-fourth of the sum that a better-class masseuse charges for a visit, and for discharging a duty certainly not more laborious or distasteful than, if as much as, so many of those obligatory on the medical practitioner.

Let us dispassionately, and without prejudice, consider how far massage is useful in gynæcological practice. And in doing so I would ask you to enlarge your view of the "study of a woman" from the limited mental horoscope bounded by the ovaries and broad ligaments, and embrace in your contemplation some of those associated conditions which this study forces us to include.

Permit me to illustrate my meaning by touching here lightly on the outlines of a case which it is my intention, through its extreme interest from some points of view, to publish *in extenso* at a future time.

A lady, about three years since, consulted me. From the date of her previous confinement, three years before this, she

had suffered from constant headache, the pain occasionally being of an excruciating nature. She had never, she said, been a single day without it. There was also present violent periodical menorrhagia. She was a most intelligent woman, and by no means what would be described as of a neurotic temperament. She had been to several physicians. She had tried a number of remedies, including a hydropathic course, and had gone for change of air a few times. The bowel for some time was only relieved by enema. On examination I found a large and completely retroverted womb. I examined both her teeth and eyes for other causes of reflex headache. I discovered that she had a hypermetropic astigmatism of less than a dioptric, though she had an artificially induced myopia from spasm of accommodation. All her imperfect teeth had been stopped, and she did not complain on percussion of any of them. Suffice it to say that this lady has been, on and off, under my care for the past three years, and that though her astigmatism was completely met and the uterine condition cured, the vertex headache persisted to the latter part of the past year. I may remark that amongst other remedies I tried the constant current, Charcot's metal discs, and a course of massage, all to no purpose. Again, about eighteen months since, I had all the teeth overhauled. Last year the teeth again began to pain. She had them attended to by a local dentist, and shortly after came to London for a course of head massage. Without going into details I may say that this visit resulted in the extraction of eleven teeth from the upper jaw, by Mr. Baly, of Harley Street, the discovery of exostosis and partial obliteration of the dental nerve canal in several of the teeth, and subsequent complete cure of the headache. The lady is now in the fourth month of pregnancy. I think this case teaches its own lessons without observation.

I may divide the consideration of this subject thus: first, I must make some necessarily brief and condensed observations on the physiological action of massage, and, secondly, discuss how far these explain the therapeutical application of the art, and finally apply these facts to the practice of the gynecologist.

I wish, however, to state that these observations bear more particularly on massage in which the patient is passive, including the stabile and labile interferences, either with the hands of the operator (beyond question preferable), or by rollers or muscle beaters, such as those of Klemm, used by some; though it must be remembered that the calisthenic exercises and mechanical aids of what is popularly known as "the Swedish cure," and commonly associated with the name of Ling, cannot be dispensed with in many cases. I allude to those cases in which we desire to avail ourselves of this method of localising and grouping muscular movements and resistances, in associated action, by more energetic and better distributed force than we can obtain by manual manipulation. Such cases, for instance, are those of muscle disuse, following injuries; atrophic tendencies after parietic states, muscle deformities, as in the various talipes, articular malpositions due to neuro-mimesis, injury, adhesions or muscular action, scoliosis, rheumatic sequences in joints.

There is then a second group of cases in which such mechanico-therapeutical means are invaluable, viz., patients of the neurotic type, often with indolent, phlegmatic, hypochondriacal temperaments; this includes the costive, fanciful, capricious, tea-drinking, romance-reading, morbidly introspective class of woman, full of self. What is left of mental exercise resolves itself mainly into a game of shuttlecock between her stomach and her ovary. A little diversity in this amusement is invaluable, and she gets it in the periodically imposed calisthenics. Some of the energy resolved into fat is restored, or that lost to enervated brain and muscle-nerve is regenerated.

I can not delay to analyse and compare the effects of the different kneadings, frictions, strokings, tappings or beatings, known as *pétrissage*, *friction*, *effleurage*, *tapotement*. I must group these various methods of action under the general term massage, and even include with these manipulations certain flexions and extensions or movements that are of necessity often combined with them in practising massage.

Yet the physiological fact must be remembered that the nature of the stimulus, *i.e.*, its character and mode of application, applied to a muscle, influences not alone the kinetic energy of the muscle, but also the force and distribution of the reflex impulses; we do not get the same results with stroking, as we do with either vibration movement or *tapotement*.

With deep kneading we have a different result from that obtained by both of the former acts. Let us summarise, albeit very imperfectly, the more important physiological effects of massage on muscle, nerve, vascular distribution and lymphatic supply.

*Muscles.\**—The chemical and physical changes consequent upon stimulation of muscles and muscle action, which modern physiological research has established :

- (a) Generation and discharge of carbonic acid.
- (b) Absorption of oxygen.
- (c) Creation of lactic acid and other chemical changes in the muscle.
- (d) Probable slight increase in muscle temperature.
- (e) Slight alteration in bulk of the muscle, attended by changes in the blood supply, both in quantity and character.
- (f) Generation of reflex impulses. With regard to this effect it has to be remembered, as Foster remarks, that "a muscle, even putting aside the visible terminations of the nerve, is fundamentally a muscle and a nerve besides."
- (g) Readier response to electrical stimuli after massage, and probable electrical changes; during massage, excitation in the muscle-nerves excited.

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\* I desire to express my obligation mainly to the classical Text book, of Professor Michael Foster, in compiling this summary of the physiological results of the various experimental researches which bear on the effects of massage or gymnastic exercises. Also I have had, amongst other sources, special assistance from the excellent manual of Dr. Joseph Schreiber of Vienna, and translated by Dr. Walter Mendelson of New York (Young, Pentland, Edinburgh). Another admirable manual in the English language is the "Practical Treatise on Massage," by Dr. Douglas Graham of Boston (Wood & Co., New York).

(h) An influence on unstriated muscular peristalsis.

*Nerves.*—Chemico-physical molecular changes in the nerve tissue starting both sensory and motor impulses; these centripetal impulses affect the central ganglia and influence both automatic and reflex actions. The phenomenon of inhibition is manifested. Analgesia is produced by prolonged and continued pressure.

*The Vascular Mechanism.*—The main effects are to be seen in the peripheral arterial resistance. The peripheral resistance is generally lessened (at times may be temporarily increased) by massage. This is principally due to the following effects: altered nutrition of parts change in the peripheral vaso-motor control; reflex stimulation of the vaso-motor centres; altered blood pressure due to the presence of carbonic acid and loss of oxygen (according to Sommerbrot,\* intra-bronchial pressure taking an important part in this action on the heart). These effects are manifested in altered blood pressure and arterial tension, primary diminution, secondary increase.

*Effects†.*—The heart's beat may be influenced by (a) the local reflex effects on the skin and muscle, or through the abdominal nerves, during abdominal massage, from splanchnic inhibitory action; (b) by the alteration in the arterial pressure, either local or general, brought about by the massage. Such vascular changes are necessarily attended by a local determination of blood, by alteration in the velocity of the blood current, in the metabolic tissue changes, in the nutrition of the parts masséed, in the comparative rapidity of the removal of excrementitious material. More especially important are such physiological effects if manifested in the case of the portal and renal circulations.

*Lymphatics.*—In deep massage of the extremities, or

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\* Sommerbrot: ueber eine bisher nicht gekannte Wichtige Einrichtung des menschlichen organismus, Tubingen, 1884.

† See Schreiber's "Manual of Treatment by Massage," page 88 translated by W. Mendelson, M.D., New York.



kneading, the centripetal flow of lymph in the tendon and fascia lymph vascular spaces is expedited. This will be the case also in the tendinous and fascial structures composing a great part of the abdominal wall ; the processes of absorption and resorption are promoted ; lymphatic glandular activity is excited. The same occurs in the more superficial lymph vessels from stroking the skin and vibration movements. During deep abdominal massage a powerful influence must be exerted on the lymphatic vascular mechanism and on the nature of the fluid in the lacteal vessels. This will result directly from the continued or intermittent mechanical pressure exerted through the abdominal wall, independently of the altered relations between the superficial and deep lymph currents and the blood vessels. It must also follow from the effects of massage on the portal circulation. I allude to the more rapid reception by the portal blood of the products of digestion, which find their way into it. This temporary increased diversion of food elements necessarily influences the chyle and the tension of the lacteal vessels. Also in general massage, followed by abdominal, through the continued suction effects of increased respiratory movements and general (primary) diminished venous pressure, the lymphatic flow is temporarily encouraged, while through the nervous influence on the abdominal vascular system generally, lymphatic absorption is promoted.

These physiological facts, necessarily modified by the local anatomical relationships, can be well applied to the pelvic structure in which we, as gynæcologists, are more especially interested.

We may correlate such physiological effects of massage with the more manifest physiological phenomena and effects noticed in its practice.

In order that I may save time, I arrange these latter in tabular form.

(1) Slight immediate changes in body temperature. These are not constant, and vary, with rare exceptions, to the extent of a degree more or less ; of this I have satisfied myself

several times. There is occasionally a fall ; this is not as common as a slight rise.

(2) Decided increase as a rule in muscle nutrition and power of endurance ; increase of muscle weight.

(3) Restoration of reflex excitability in weakened muscles, and the improved association of reflex and automatic action.

(4) Reduction of cutaneous and muscular hyperæsthesia, and relief of pain arising from reflected irritations in distant regions.

(5) Increased effects of galvanism when used after massage, necessitating reduction in the strength of the current, and increased care in its employment.

(6) Improved peristaltic action, as shown in the case of the non-striated abdominal muscles of the intestines and the œsophageal muscles:

(7) Results of improved nutritive nerve changes, as we find in the case of muscle. These are shown in restored nerve function, in healthier brain action, in the production of sleep, in alleviation of perverted and distorted mental symptoms.

(8) The improvement in the tone and character of the pulse under massage treatment ; the good influence on a sluggish circulation, as exhibited in the effect on cold extremities ; the same result in cases of rhythmic irregularity of heart, due to torpid hepatic circulation, flatus, and abdominal obesity. The occasional attack of syncope, which I have had in two instances, is the effect of either a reflex inhibitory stoppage of the heart's beat, or a syncope arising from rapidly lowered arterial pressure. In one patient, vascular and nervous excitement were so pronounced every time head massage was tried, that I had to abandon it. This was shown in suffusion of the face and eyes, sense of weight in the head, great mental excitement, hysterical crying ; these symptoms were followed by corresponding mental depression.

(9) Absorption of fat, loss of weight due to removal of excrementitious material and useless fat, improved digestive powers ; such therapeutic use of massage must be continued

with the enforcement of dietetic rules, and avoidance of fat-forming food.

On the 11th February, I ordered general massage for a lady weighing 15 stone, 1½ pounds, who suffered from cardiac rhythmic irregularity. In a fortnight she had lost 6 pounds, and up to this day, March 13th, 9½ pounds.

*Urine.*—Interesting in connection with this case is a urinary analysis (No. 1), made for me of the patient's urine—of that passed immediately previous to an hour and a quarter's massage, and of that passed immediately after the rubbing.

			No. 1.		
			SAMPLES OF URINE.		
			Before Massage.	After Massage.	
			Acidulous.	Acidulous.	
Reaction ...	...	...			
Total Solids	...	...	p.c.	5.90	6.55
„ Urea	...	...	„	2.40	3.05
„ Uric acid	...	...	„	.03	.06
„ Acidity	...	...	„	.43	.51
„ Chlorine as chlorides			„	.52	.37
„ Sulphuric as sulphate			„	.12	.15
„ Earthy salts	...		„	.31	.34
„ Alkaline	...	...	„	1.00	1.10
Specific gravity of sample				1021	1028

			No. 2.		
			SAMPLES OF URINE.		
			Before Massage.	After Massage.	
			Acidulous.	Acidulous.	
Reaction ...	...	...			
Total Solids	...	...	p.c.	6.10	6.30
„ Urea	...	...	„	2.55	3.05
„ Uric acid	...	...	„	.06	.08
„ Acidity	...	...	„	not estimd.	not estimd.
„ Chlorine as chlorides			„	.62	.74
„ Sulphuric as sulphate			„	.18	.15
„ Earthy salts	...		„	not estimd.	not estimd.
„ Alkaline	...	...	„	„	„
Specific gravity of sample				1026	1027

The analysis was made by Mr. Brownen, F.C.S.

Side by side with this analysis is another (No. 2) made a

day or so before of the urine in a similar case of fat reduction. In this latter case Mr. Brownen did not estimate the alkaline or earthy salts, as fermentation changes might have influenced these and the acidity, as the urine was kept for forty-eight hours previous to analysis.

(10) Resorption of lymph effusions and various exudations; reduction of glandular hyperplasias.

While thus enumerating the physiological effects of massage, as experienced under favourable conditions of temperament and physique, and aided frequently by other therapeutical means—such as galvanism or faradism, baths, medicinal agents, special dietary—it must be stated that the process is frequently attended by various exaggerated or unexpected results in some or all of the directions enumerated which completely contra-indicate its employment. Certainly it is not a course to be prescribed or recommended in a careless or cursory manner.

It should not be entrusted without skilled medical supervision, to the judgment of ignorant men and women, to measure its extent and duration. I understand that we have now in London fashionable massage institutions for men and women, where the consulting masseuse exacts, in the first instance, a fee for prescribing the nature of the massage to be followed, after submitting the patient to the form of an examination. There are rubbers who speak of glands as "knots" in muscles, of tendons as hard "cords," which they endeavour to "disperse;" who rub dislocations for "sprains," "varicose veins" for nerves, "rub" alike the abdomen of the pregnant and non-pregnant. They are above a knowledge of all such trifles as the origin or insertion of muscles, the course of the circulation, the presence of cardiac disease, the nature of an effusion, or the position of the abdominal viscera. Ask such an one if she understands massage, and she cheerfully answers in the affirmative. She "has rubbed several cases for Dr. So and So, who were undergoing the Weir Mitchell plan." She "knows all about it." She "has had some grand cures." She generally speaks of "*her* patients" and "*her* cases."

The "Weir Mitchell" system of "making fat and blood" has not been productive of unmixed good. But one of the evils that has resulted from the exaggerated and impulsive praise it received on importation into this country has been the manufacture of a host of these Brummagen pests of medicine—the so-called "medical rubbers."

They form a sort of link between a medical *vivandière* and *franc-tireuse*—irregularly tolerated but not recognised. It is quite sufficient to give some of these certificated frauds your hand, and ask her how she would proceed to *masser* it, or practise passive resistance, flexion and extension movements on your arm to detect the imposition. The art of massage is not easily acquired by any, never by some, and for most medical men to pretend to do anything like justice to a patient, or to acquire that instinctive sense of muscle resistive force, or the skill in making manipulations, would be absurd. But does it much matter?

I made Pil. Hydrargyri frequently in my apprentice days. I do not know that this fact added to my knowledge of its therapeutic effects. I learned more of this latter from seeing five grains of it once cause severe salivation. If we know the effects and the object of the form of manipulation we advise, it is sufficient in most cases. This, I maintain, we should know. Massage of the ear and eye, for example, I hold should not be practised save by the medical man, or until the latter has satisfied himself of the competency of the masseur.

Once for all, let me say that the massage I am speaking of is *not* "vicarious exercise." It is not because exercise and massage have some points in common that they are ignorantly to be spoken of as substitutes the one for the other. It is somewhat of the crow and blackbird relationship. Massage in some of its methods is a form of exercise, but exercise is not massage. Manual massage differs widely from exercise gymnastic or other, in the nature of the excitation, the power of its limitation to defined areas, the direct action on the blood vessels, lymphatics and nerves; the comparatively

slight evolution of body heat; the passive attitude of the subject; the absence of the more complex actions of a reflex and automatic nature, with the associated cerebral inhibitory supervision, which are the necessary attendants on exercise. The more complicated, or the more finely-adjusted such exercises, the more widely do they depart in their nature from the manipulation of massage. We might as well compare the necessary manipulations and the physical labour or fatigue of the masseuse with the effects on the person masséed.

Therapeutically, we might expect to find massage of benefit in gynæcological practice in the following affections:

(1) Atonic conditions generally, both of muscles and nerves, as, for instance, relaxed abdominal walls; intestinal flatulent distension; chronic tympanitic states; chronic constipation; those forms of general debility and lassitude complicating menorrhagia, subinvolution, and other chronic uterine affections.

(2) In reflex neuroses arising from or complicating morbid states of the generative organs in women; so-called cases of irritable spine; reflex headache; cases of "uterine lameness;" neuro-mimesis of joints, torticollis.

(3) In amenorrhœa and dysmenorrhœa, especially those cases associated with anæmia and chloræmia.

(4) In neuralgias of the pelvic nerves—oophoria, neurasthenic coccygodynia.

(5) In unhealthy fat accumulation.

(6) In masturbators.

(7) In that numerous class of female patients in whom there is no organic disease, and that we group under the terms hysteria, neurasthenia, hypochondria.

(8) Glandular hyperplasia.

(9) Mammary infiltrations, in chronic mammary hardening, in threatened milk coagulation, in mammary neuralgia.

Here I may casually refer in passing to the splendid results I have seen in chronic constipation from abdominal massage. I allude particularly to cases of fæcal accumulation. I believe the proper treatment for the more obstinate

of such cases to be, dilatation of the sphincters, clearance of the rectum, followed by a course of galvanism and deep massage of the abdomen. Nearly three years since I pursued this course in a lady who came to me from Australia, who had exhausted all aperient remedies, and who had not for four years had a natural motion. I saw her again last year. She had abandoned aperients. A course of belladonna and nux vomica should accompany the massage.

I have here purposely included only those affections in which I have had ample personal proofs of the benefit of massage. I do not in any observations I make refer to combined internal and external massage, of which there are as many kinds as there are methods of gynæcological examination. I do not think that such modes of treatment are likely to find favour in this country. How far a licensed abuse of this practice might be carried we need not discuss. How far the possible advantages would be overbalanced by the certain evils it is not difficult to surmise. No, we have had enough of internal massage in the shape of unwarrantable, unnecessary, and unduly prolonged medical examinations, to desire to invest, with the professional sanction of such an association as this, a new tribe of uterine and vaginal manipulators.

I know nothing, personally, of the value of this form of massage in metritis, ovarian tumour, parametritis, perimetritis, cystitis and uterine tumours. It is not probable that I shall ever resort to it in such cases. Not having tried its efficacy, I do not wish to criticise *the results* of those who have. Still, I cannot help thinking, for a variety of reasons, both as regards operator and patient, that the time might have been more beneficially spent in trying other therapeutic or operative measures.

It would seem superfluous to speak of the dangers attending the use of external massage in parametritis, and the risks of an uncertainty of diagnosis in these affections, or to the situation and character of effusions, but in works on massage its employment is advised by various authorities in these conditions. One thing appears certain, that the responsibility

of administering it in acute pelvic cellular or peritoneal inflammations should rest with no one save a qualified medical manipulator. Even in cases of chronic lymph, or serous exudations in the pelvis, I maintain no nurse should be entrusted with the administration of massage, and no one should advise it save a physician, and one well versed in such diseases.

I have known patients who were "rubbed" while suffering from fibroid tumour and ovarian cyst. The kinetic energy here might have been better expended on the lady's boots. Not long since I had a patient with contracted vulvar orifice, lupoid degeneration of the vaginal wall, and uterine hæmorrhage. She consulted me for the hæmorrhage. This was stopped after a little time, and I left. The next I heard of her was that she was being rubbed. A lady friend recommended it, and a doctor sent the masseuse. She was being "cured." The last I heard of her was that she was dangerously ill, and under the care of the doctor who sent the masseuse. I have reason to believe that at the time he never locally examined the case. Now this is the abuse of massage—the vulgar empiricism that I complain of.

A word on the Weir-Mitchell plan. I do not deny its efficacy. I have had too many proofs of this in cases of my own to do so. I do, however, mean emphatically to give it as my opinion that discrimination and care are required, both in recommending it and carrying it out. I do not dispute that it is a lucrative method of treatment to the overseeing physician, more especially if he can bargain for half the large honorarium beforehand—*R.M.D.* But to fatten women up, and especially young girls, somewhat as a Bey of Morocco would do, in subdued light, and on the flesh of ortolons, only substituting the æsthetic surroundings of a West End bedroom or boudoir for the seraglio, milk diet for the food of the luscious bird, and massage for a species of "lomi-lomi," is not always so permanently conducive to health of mind and body as we are led to believe. In one particular case I am cognisant of, such a course was attended by disastrous mental results—the patient narrowly escaped a lunatic asylum.



You can no more separate mind and body, says Professor Bain, than you can bisect a man's intelligence. The enforced stuffing and isolation entailed in this modern method of making blood and fat—though after all, as I have hinted, not so very modern—are hardly the therapeutic means to blindly bargain about beforehand, as one would for a trip in a P. and O. steamer to Suez and back. I say that while such isolation and mechanical management may answer in a certain proportion of cases (it is a matter of simple common sense, call it, with Professor Huxley, "common ignorance," if you will), that it cannot but be followed by injurious results in others, while in many the improvement, at best, is but of a transitory character. Let me, however, cite, in proof of the benefit of the Weir-Mitchell system, the outlines of one remarkable case. A young lady, of highly neurotic temperament, consulted me for œsophageal and spasmodic stricture; she suffered from dysmenorrhœa, and there was a slight degree of retroversion. She was greatly reduced. The retroversion was restored. Still the difficulty of swallowing continued, notwithstanding active local treatment, œsophageal galvanism internally and externally, the passage of the bougie, and various remedies in the shape of nerve tonics, bromides, &c. However, ultimately she recovered sufficiently to enjoy food and revert to her ordinary duties. Some months subsequently she returned worse than ever. She was greatly emaciated, and could with difficulty swallow even a teaspoonful of fluid; the swallowing of any liquid was attended by a loud gurgling: An atonic state of the muscular fibres resulted in a pouch-like dilatation of the gullet, in which liquid collected, and from which they regurgitated. The skin was dusky and the face pinched. Altogether, her state was most wretched. Still, I could pass, with a little difficulty, a large œsophageal bougie into the stomach. Suffice it to say that with a six weeks' course of Weir-Mitchell's plan, combined with massage of the neck muscles, and external galvanism, this patient was perfectly, and I believe permanently, restored to health. She was isolated from friends for a period of about five weeks.

I will conclude with a summary of one instructive case: About four years since, a young lady, accomplished and well-educated, injured herself in playing tennis. She was examined under chloroform and a large ring pessary inserted. This was after a time removed, but not before it had caused vaginitis and some metritis. This was followed by various neurotic troubles, inability to walk, agonising ovarian pain, loss of flesh, general nervousness. Another consultation ended in the verdict of "shortening of round ligaments." She came a long distance to London to me, in order, as she wrote beforehand, to have this done. I could find no necessity for the curtailment of the round ligaments; there were the remains of the metritis, some slight retroversion, intense vaginal irritation, catamenial irregularity and scantiness, some left Fallopian fulness and ovarian congestion. She was under my care for some time, and underwent a prolonged course of massage, and modified Weir-Mitchell regimen; the progress was slow. Gradually she recovered. Her circumstances were rather straitened—she wanted employment. Having intelligently watched the excellent masseuse, who operated on her, for a considerable time, with my approval she determined to learn massage. She did so, got instruction, studied for herself, and is now a very successful masseuse. Needless to say, her round ligaments were not shortened.

I crave your pardon for the length of this communication, the importance of the subject is my excuse. No one can stand before you a more complete proof of the benefit of massage than the writer of this paper, whose shoulder joints were so crippled after rheumatism some eight years since, that his college gown had to be drawn over his shoulders, before lecture, for two sessions, yet who, after all remedies had failed, by the aid of massage, the Turkish bath and galvanism, has twice since then rowed the Thames from above Oxford to Hammersmith.

On the motion of Dr. BANTOCK, the discussion of this important paper was adjourned until the next meeting.