

CHAPTER VI.

MESSAGE OF INTERNAL ORGANS.

MESSAGE OF THE UTERUS AND ITS SURROUNDINGS, WITH A REPORT OF TWO HUNDRED AND THIRTY-NINE CASES.

"Genius breaks from the fetters of criticism; but its wanderings are sanctioned by its majesty and wisdom."

"**MESSAGE** and expression being the only resort in the hands of primitive people for the completion of difficult labor, they intuitively, by instinct and by long practice, have brought them to a certain state of perfection, although brute force is more relied upon than dexterous manipulation. The methods are so simple, so natural, and so thoroughly in accordance with sound mechanical principles that they have produced good results. Deprived of the brutality of physical force and aided by science, these very means which have so long and so well served the ignorant, will attain a higher degree of perfection, and will serve by far better the scientific obstetrician."¹ One would think from these words of Dr. George J. Englemann, that educated physicians were not in the habit of making use of such procedures, and that they know but little about them. For many years, — a quarter of a century at least — physicians have been taught and practised massage of the uterus through the medium of the abdominal walls as a reliable means of overcoming inertia during labor, and when there are partial or irregular contractions complicating labor; also when there is post-partum hemorrhage, or danger of the same, and with modified position and pressure to correct malpositions of the fœtus, as well as for the expression

¹ The American Journal of Obstetrics, July, 1882.

of the placenta. For fulfilling such important indications as arousing, equalizing, and strengthening the contractions of this hollow, involuntary muscular organ under such momentous circumstances, even though applied in a mediate manner, there is no longer any question of the well-known efficacy of kneading, squeezing, and pressure. It is a wonder, however, that massage has not been used earlier for atonic conditions of the uterus other than those connected with the parturient state, and it is equally surprising that it has not been more approved and used for the invigorating of voluntary muscles and nerves which are much more accessible, and grant a more ready response. If it were as easily administered as pills, powders, and liquids, its use would be much more extensive.

Massage of the pelvic organs should be intrusted to those alone who have "clean hands and a pure heart," and such a thorough knowledge of the pathology and treatment of uterine affections as is possessed by the most accomplished gynecologists. It should not be confided to any professional manipulator, however skilful. Credit is given to Major Thure Brandt, a Swedish gymnast, for having been the first to use massage in the local treatment of uterine affections sixteen years ago, in 1874.¹ Brandt's method excited much adverse criticism which, however, has passed away as the excellent results obtained became better known. In the hands of a layman it was doubtless at first used without proper discrimination, and extravagant results were claimed. The next to interest himself in this was a physician, Dr. Gustaf Norström, of Stockholm, who used the treatment rationally and in cases that he could understand. He found massage especially successful in chronic metritis that had not arrived at the period of induration; and after this in the affection known as hemorrhagic endometritis. He also obtained good results in prolapse of the vagina, and in chronic inflammations of the ovary. The catamenia, acute and subacute affections, and pregnancy are contra-indications. In his report of 1876 is given

¹ But in 1865, Dr. A. D. Sinclair, of Boston, began using massage of the uterus and its surroundings with the patient in the genu-pectoral position for the correction of retroversions and retroflexions. Dr. Sinclair did not publish his experiences with this method.

his experience which had then extended over two years and a half, and which shows that in 138 cases of chronic metritis he obtained 43 complete cures, and more than 70 nearly complete. Nine cases of hemorrhagic metritis were cured, and in 7 cases of sterility complicating chronic metritis there occurred conception in two soon after the cure had been effected. In the course of his operations he has never had a fatal termination nor the supervention of general peritonitis.

The operation consists in introducing an index finger into the cul-de-sac behind the cervix in such a manner, that the posterior surface of the uterus is reached. This is then raised as far as possible, while the fingers of the other hand grasp and knead the uterus through the abdominal walls. Sometimes the uterus is pressed against the walls of the pelvis laterally, or against the posterior surface of the symphysis pubis. Massage acts in these cases by removing and preventing the inflammatory stasis, by producing resorption of leucocytes and elements which have migrated into the surrounding tissues, and by restoring tonicity to the tissues.

In similar cases Dr. Asp¹ has obtained favorable results by means of general massage and medical gymnastics, without any local manipulation. At the time of his report in 1877, he had treated in this way 72 cases suffering from affections of the uterus. Of these, 35 or 48.6 per cent were cases of chronic inflammation of the uterus. Three-fifths of these were married and two-fifths single, 15 recovered, 13 were much improved, and 7 remained as before treatment. The average length of time of treatment was for those who recovered, 8.6 weeks for single women; and 15.4 weeks for the married. Six of the cured cases continued well, three had no relapse at the end of a year, three relapsed at the end of two, nine, and ten months, respectively, without ascertainable cause, and in three others there was relapse after birth or miscarriage. Eleven cases of ante flexion and one of retroflexion were also treated in this general manner.

¹ Dr. Asp is director of an institution at Helsingfors for the treatment of diseases in which massage and movements are appropriate. He is also professor of microscopy and pathological anatomy in the University.

Ten of these were in single women. During the treatment the subjective symptoms disappeared and the patients felt perfectly well, the flexions remained unchanged. The average length of time of treatment was 7.6 weeks. Their subjective symptoms, in the opinion of Asp, proceed from a hindrance to the circulation in the uterus which can be removed by means of massage. Four of his cases were chronic inflammation of the surroundings of the uterus (perimetritis, parametritis), and, of these, three improved much in from four to twelve weeks. In one case of myoma and another of fibroma of the walls of the uterus, the general condition of the patients was improved, but of course not the local. Favorable results were also obtained in other affections connected with the uterus, and of the whole 72 cases, 23 were said to have recovered entirely, 34 were improved, and 15 were unchanged. The author concludes by saying that this method merits more attention from physicians in the future than has been accorded to it in the past.¹

If Robert Burns had been more familiar with the poetry that had been written before his time, he confesses that he would have dared less. In that event the world would have been the loser, and his verses would have lacked their pathos and fervor had he known that the same thoughts had been expressed in other words. Human minds work in the same channel. Dr. A. Reeves Jackson of Chicago wrote to me that if he had known of the published experience of Norström and others, he would have made his paper on "Uterine Massage," which he read before the American Medical Association, and published in the *Boston Medical and Surgical Journal* for Sept. 23, 1880, much more complete. Like Burns and his poetry, it is well he did not, for in that case his article would probably have lacked the clearness, vigor, and attraction of independent thought worked out and well expressed, which caused the article to be quoted by two French medical publications (*Garnier's Annuel* for 1881, and the *Journal de Médecine de Paris*, June 30, 1883), and again re-echoed back to American shores to be quoted from the latter by the

¹ Virchow and Hirsch's Jahresbericht, 1878, Vol. II., pp. 570. Norsk Med. Arkiv, Bd. 11., No. 22.

Medical News of Philadelphia of July 21, 1883, as if Dr. Jackson were a Frenchman, and such treatment had never before been heard of on this side of the Atlantic. The French quotations would lead one to infer that the procedure had never before been heard of, on this side of the Atlantic.¹ Dr. Jackson claims no originality, and his paper could not have been more modest.

From the records of 277 gynecological cases, the doctor found 179 or 64.6 per cent denominated subinvolution, hypertrophy, hyperplasia, chronic metritis, and simple enlargement. The great variety of treatment is an indication of the inefficiency of it, Thomas, Scanzoni, Atlee, and others being quoted to show the hopelessness of relief from the usual methods. The author points out that all the causes of uterine enlargement form an obstruction to the return of the venous circulation. The indications are to lessen the undue and partially stagnant supply of blood, to overcome the stasis, and to promote resorption of the excess of the tissue. All the remedies generally employed act by lessening vascular fulness, but massage has proved more efficient in doing this in Dr. Jackson's hands than any other single means. Not every case of uterine enlargement is amenable to squeezing and kneading. In some it might be injurious. Massage is available in the first stage when the uterus is found low down in the pelvis, enlarged, tender, and spongy, and having a doughy elasticity, its sinuses gorged with blood, and newly formed connective tissue in its walls. Displacements and distortions alone do not preclude massage. If the first or hyperæmic stage is past and the organ has become firm and indurated like cartilage, massage and all other remedies will be useless. The author makes a noteworthy distinction in pointing out the fact that the pains and discomfort accompanying enlargement of the uterus really are seated in the walls of the abdomen, though usually referred to the uterus; and these are first subjected to massage,

¹ Such innocence is a fair sample of the interest, or the want of interest, taken in massage. I was amused at seeing a part of one of my own papers used as an original article in a western medical journal without the quotation marks, and again quoted from this by a journal in New York where it was first published.

gently and superficially to begin with, then more deeply and vigorously until sensitiveness lessens sufficiently to allow the uterus to be kneaded. If this cannot be done effectually through the abdominal walls, "the first and second fingers should be passed into the space behind the vaginal portion, which is pulled gently forward, and then permitted to return to its former position. This is repeated a half dozen times or more, when the fingers are pushed higher up, so as to reach the supravaginal portion of the cervix and lower part of the body. The upper part of the uterus being now steadied by the hands on the outside, it is pressed between the fingers of both hands, repeatedly, for a few seconds at a time, and then relaxed. Every portion of the organ which can be reached should be subjected to these momentary squeezings. Then the manipulations should be reversed. The intravaginal fingers should be drawn in front of the cervix, and the latter pushed backward several times as far as possible short of causing pain. Then, their ends being passed into the space between the bladder and the cervix, and their pulps turned against the latter, the fingers of the outside hand should be so adapted that the uterine body may again be brought between the compressing forces, when the squeezing and imparted movements are to be repeated as before. Alternating with the process described, the uterus should be frequently elevated in the pelvis and held for a few seconds." After this the details of several cases are given in which benefit came from this mode of procedure.

When the hyperplasia is dependent upon some local condition outside of the uterus, such as inflammatory exudations in the pelvic cellular tissue, and when spots of tenderness and indurated fibrous bands are found fixing the uterus in some abnormal position, the enlargement will remain so long as the surrounding induration continues, owing to the disturbance of the circulation which passes through the cellular tissue in going to and coming from the uterus. The removal of these conditions external to the uterus must be secured by appropriate means, before any diminution can be obtained in its size. Amongst appropriate means massage is not suggested by Dr. Jackson. It

is just here that this treatment has been taken up and used effectually by another independent worker, Dr. Otto Bunge, of Berlin.

In the *Berliner Klinische Wochenschrift* of June 19th, 1882, Dr. Bunge has published an article reporting favorable results from massage of the abdomen, particularly of the uterus and its surroundings. In case of atony of the intestines with constipation, he advised patients to *masser* their abdomens themselves, and with advantage. He does not fear the apprehensions of Von Mosengeil, that perforation might be caused in this manner by the possible existence of ulcers, so long as the massage is performed with proper gentleness and never in recent affections. He has used massage most frequently for the removal of the sequelæ of peri-uterine cellulitis and pelvic peritonitis of the most various forms, which had made defiance to the customary methods of treatment. When engorgement of the uterus was also present, as in subinvolution and movable retroflexion, this method proved excellent, as may be seen by some of his tabulated cases. His mode of using massage was very much similar to that of Norström and Jackson. But as his aim was often the loosening of adhesions and the dispersion of indurations, the manipulations in such cases were directed towards the seat of these, working more around the uterus, internally and externally, and pushing, pulling, or raising it in such ways as would detach the adhesions. The good effects of this treatment showed themselves by the dispersion of the pathological products, thus increasing their surface for resorption, by furthering the circulation and by stirring up the contractions of the uterus. One patient declared that while being *masséed* she felt real after-pains, although four years had elapsed since her last confinement. Cases were treated in which the uterus was so closely fixed to one or the other part of the pelvic walls by adhesions that at first it was not possible to penetrate between them. With these only gentle steady pulling or pressure could be used, but by patience and perseverance "they became the most thankful of all cases." Dr. Bunge soon learned that precaution, tact, and skill were necessary, and he candidly confesses that he treated his first cases,

which are also reported in his table, too heroically. Injections of warm water, which he also uses at first with manipulation, act very much in the same manner as massage, but not so effectually in stretching, loosening and further resorption. When there are inflammatory products in the cul-de-sac of Douglas, or in the perivaginal tissue, the author says that less benefit proceeds from the usual local medication than from the mechanical pressure made in applying it by means of the speculum which produces resorption; but it is better to have these products under the sensation of touch. Contra-indications of massage in these cases would be those pathological conditions in which purulent or sanious products are present or even suspected. In concluding, Dr. Bunge strongly recommends massage for the removal of old perimetritic and parametritic sequelæ and congestion of the uterus; and from the results gained in Nos. 14 and 17 of his table, he promises a great future for massage in the treatment of flexions of the uterus without instrumental aid. In the time that had elapsed from the presentation of his paper to its publication, cases which were not quite cured had got well, and others had come under treatment.

DR. OTTO BUNGE'S CASES.

NO., NAME, AND AGE.	CONDITION.	DETAILS OF TREATMENT.
1; Gr.; 31 years.	Parametr. chron. dextr. Endometr. Parametritic thickenings fix the uterus towards the right and backwards.	Only <i>masséed</i> a short time. During the treatment fresh parametritic irritation, which came after brisk exercise and sitting on the cold ground. Disappeared from treatment.
2; H.; 21 years.	Perimetr. et parametr. sin. chron. Fornix vaginæ very sensitive on the left side, where are firm adhesions. Both sacro-uterine ligaments thickened and shortened.	Treatment instituted at another place; continued by me, viz.: preparations of iodine, sitz-baths, cataplasms, and injections without benefit. After trying massage a few times the patient left.
3; J.; 31 years.	Retroflex. uteri fix. Parametritis <i>chron.</i> sinistra; later dextra. Uterus retroverted and held fast by perimetritic adhesions, especially towards the left side and behind.	Preparations of iodine and cataplasms, with which the patient was treated for 3 months, were not well tolerated. Massage once or twice weekly for several months caused decided improvement. The remains of the exudation almost entirely disappeared, general condition became excellent, and weight increased. This patient

NO., NAME, AND AGE.	CONDITION.	DETAILS OF TREATMENT.
4; Z.; 33 years.	Chronic parametritis, with adhesions. Uterus fixed and retroverted. Treated elsewhere for several years without benefit.	<p>was stepped on by a boy, which set up fresh parametritis on the right side in March, 1881. In acute stage antiphlogistics; then hot water and Priessnitz. From Oct., 1881, to Dec. 1st, the uterus was fixed by adhesions. After eight massages the uterus is in the upright position, and the patient is satisfied.</p> <p>From the middle of September, 1880, to the 1st of January, 1881, astringent baths and injections, Iodoform suppositories, rectal injections, etc. After ten sittings of massage, begun in January, the uterus could be brought in a forward position without material pain. After the twelfth massage in April, the patient was not seen till September. On account of profuse and continuous menstruation, the fungous mucous membrane was scraped, and after this the progress was uninterrupted.</p>
5; Sch.; 37 years.	Parametr. chronic dextra. Uterus retroverted and fixed. Adhesions from the posterior wall of the uterus to the pelvis.	<p>Treated at another place by pencillings, sitz-baths, Priessnitz, etc. Also by myself; at first treated for awhile, with immaterial improvement, by means of Iodoform-vaseline tampon, painting the cervix with iodine, sitz-baths, and cataplasms. Since the beginning of October massage two or three times daily. After a few weeks the adhesion disappeared.</p>
6; Gr.; 25 years.	Endometritis and chronic perimetritis. She has three times aborted—at 6 weeks, 3 mos., and at 4 weeks respectively. Uterus not enlarged, but moved only with difficulty, and distorted backwards and to the left. Posterior part of the fornix vaginae very sensitive. At the posterior portion of the tissues on the left of the uterus there are strands of exudation. Slight eversion of the cervical mucous membrane.	<p>From the end of August to the middle of September, 1880, painting with iodine and rinsing out the vagina with solution of iodine, salt baths, and a tonic of calisaya bark. At the end of July, 1881, condition but tolerable. Appearances as upon first examination, except that the cervical portion is much more swollen, and there is greater eversion of the mucous membrane. Menses at last flow of bad odor. From the 21st of July, 1881, to the 2d of August patient was <i>masseed</i> daily, and in the evenings she had injections of hot water. The menses then came easily, and without bad odor. General condition much improved. Massage daily from the 24th to 31st August. Cured.</p>
7; H.; 29 years.	Chronic parametritis following abortion several years ago.	<p>Formerly treated elsewhere. A few small adhesions and thickening of the sacro-uterine ligaments disappear after two sittings of massage,</p>

NO., NAME, AND AGE.	CONDITION.	DETAILS OF TREATMENT.
8; K.; 32 years.	Perimetritis. Antelexion. Chronic endometritis. Ectropion of the os uteri; erosion. Besides several adhesions there are separate nodules, from the size of a coffee bean to that of a hazelnut, in the cul-de-sac of Douglas. Cervix swollen. Inclination to fungus.	and the motion of the uterus is improved. Elsewhere many times treated with iodine injections, sitz-baths, etc., without improvement. Only massage and hot water used by me. After seventeen massages, uterus tolerably movable; erosion disappeared; still slight thickening in the space of Douglas and upon the anterior wall of the uterus can be felt. Positive cure after twenty-seven sittings.
9; Pfl.; 24 years.	Chronic perimetritis and parametritis. Endometritis. Abundant granulations on the anterior lip of the cervix. Uterus held firm as a wall by the mass of adhesions, especially at the sides and behind.	Patient <i>masséed</i> her bowels herself with good results. The massage of the uterus also made good progress. Granulations removed by <i>lapis</i> . The uterus became more movable from week to week, and by the 1st March it was entirely free. Massage suspended on account of trouble with stomach (ulcer or carcinoma?)
10; B.; 39 years.	Chronic pelvic peritonitis on both sides of the uterus, and also around the vagina and rectum. Tissues infiltrated to a great extent.	October 1st, 1881, the cavity of Douglas opened, and pus evacuated. To the middle of December, rest, hot water injections, and Priessnitz. Uterus was firm as a wall by masses of adhesions all around. Massage twice a week. Patient improves and gains in weight. By the middle of February, there was slight mobility of the uterus. By the 1st of March left side almost free, but the right still quite adherent, which, with the parametritis behind, holds the uterus firm.
11; V.; 24 years.	Chronic parametritis on left side. Anæmia, with too much obesity. Aborted two years ago. She now imagines herself pregnant. Abdomen very flat. Suffers from chronic constipation. To the left, parametritis has thickened and shortened the sacro-uterine ligaments. Uterus moved with difficulty.	After ten massages the thickening had disappeared, and the uterus was movable without pain. The bowels became regular in the most satisfactory manner by her own kneading of them. Baths and exercise in the open air should remove the anæmia.
12; St.; 27 years.	Anæmia. Subinvolution of the uterus after abortion. Uterus relaxed, retroflexed, enlarged, and movable.	After hot-water injections, the cervix underwent involution very well, only the body was relaxed and enlarged, and showed an inclination to bend backwards. Two sittings of massage brought the uterus to a good state of

NO., NAME, AND AGE.	CONDITION.	DETAILS OF TREATMENT.
13; B.; 29 years.	Ut. retroverted. Chronic parametritis on the right side. Uterus fixed to the right and backwards by abundant and toleratly firm adhesions.	contraction and to an anteflected position. Massage at first painful, but became less so. After five sittings, subjective improvement and appetite increased. Upon traction with bullet forceps in the cervix, the uterus followed, with slight crepitation. Manual reposition. After the ninth massage only slight thickening of the right sacro-uterine ligament. Cured by thirteen sittings of massage.
14; Schl.; 29 y'rs.	Retroflexion of the uterus, with slight parametritis. Uterus both thick and long. Upon its posterior surface and in the cavity of Douglas many thin, firm deposits can be felt.	Massage only painful at the beginning of the first sitting. Upon the disappearance of the deposits in the cul-de-sac of Douglas and in the posterior wall of the uterus, the uterus resumed the upright position. After ten sittings, the uterus was small, and remained a whole day anteflected, and then fell back again. Cure was interrupted for several weeks by a journey for health, during which a pessary was worn.
15; H.; 27 years.	Endometritis. Metritis and chronic parametritis on left side. Rupture of the cervix. Erosions. Eversion of the mucous membrane. Delivered by forceps 5 months previously by a colleague.	Injections of hot water and tannic acid without result. Even after three massages the secretions had considerably diminished, and the erosion of the cervix, now well contracted, had disappeared. At the fifth massage, the uterus was free from adhesions, anteflected, and could be treated without pain.
16; Schm.	Chronic parametritis. Uterus fixed anteriorly and posteriorly. Complains of involuntary dribbling of urine (pressure of the anterior fixed portion upon the urethra and under part of the bladder). Uterus stands about in the right diameter of the pelvis, but slightly bent backwards.	Even after two massages the patient could retain her urine for hours at a time, and after four massages the ends of the fingers could be placed perfectly well between the symphysis and the uterus, both by the vagina and through the abdominal walls. The adhesions posteriorly were also disappearing. After nineteen sittings, free from annoyance and discomfort. Still both sacro-uterine ligaments remained thickened and shortened, and behind the right adhesions can be felt. Patient still under treatment.
17; K.; 32 years.	Uterus hypertrophied and retroflexed, the size of a small fist, and moveable. Wore Hodge's pessary from August 23d, 1881, to February 1st, 1882.	Pessary removed on account of bad odor. After twelve days, uterus about as in first examination. Patient now treated by massage, and felt considerable after-pains during manipulation. After five days uterus kept in a desirable anteflected position for four days; after the sixth sitting in normal position for six days; and after another massage in normal position for seven days.

Dr. Bunge warns physicians against considering massage a panacea for all sorts of uterine affections.

Winiwarter, in the *Wien. Med. Blätter*, 29-31, 1878, reports the case of a woman, seventy-nine years of age, suffering from a multilocular ovarian cyst with consequent œdema of the lower half of the body. After repeated aspirations of the cyst, the fluid always accumulated in greater quantity than before. The patient declined an operation for its removal. Winiwarter concluded to try massage upon the legs, and this soon removed the swelling, relieved the pain, and increased the urine. Later he extended the massage upon the abdomen, and over the ovarian cyst, and this decreased in size and remained smaller. Œdema did not return, and the condition of the patient was improved. It is noticeable that when W. was at one time hindered from repeating the massage for a while, the former condition of the patient returned. The difficulty, however, soon disappeared, the swelling becoming smaller, when Winiwarter resumed the massage himself. He emphatically guards himself against being open to the accusation of believing massage to be able take the place of ovariectomy or aspiration (as it did in this case); but in cases where ovariectomy or aspiration is impracticable or refused, massage may be of use. In his opinion, the intermittent pressure of massage acts more powerfully than permanent or continued pressure.

Dr. H. P. Orum has found massage efficacious in removing the after-effects of periuterine cellulitis when other means have failed. The infiltration of the connective tissue after parametritis is, in the majority of cases, comparatively speedily absorbed; but in a few cases it remains for a long time. At Professor Howitz's clinic, massage is used successfully in these cases for five or ten minutes every other day, after all other therapeutic measures have been exhausted.

In the *Journal de Médecine* of January 3rd, 1886, we learn that Dr. Prochownik has used massage in 103 cases of chronic uterine trouble. Sixteen of these could not go on with the treatment on account of the pain due to the inexperience of the operator. Five of the remainder were cases of small intra-liga-

mentary tumours, and two of these disappeared under massage and did not return. Of 13 cases of prolapsus of the uterus only one was cured and two improved. Of 10 cases of chronic metritis four were cured and three improved. Of 18 cases of exudation, including five of hæmatocele, eight recovered, two improved and three were slightly benefited. (What became of the others?) The most suitable cases for massage were found to be those of old cicatricial, contracted remnants of exudation, and amongst 40 of these 24 were cured and 10 greatly improved. In 10 cases of latent gonorrhœa, painful joint affections followed, associated with slight fever; so that Prochownik was led to regard this as a contra-indication for massaga. Other contra-indications are pregnancy and consumption. In addition to manipulation with the hands and fingers in the region of the uterus he also employed what he calls passive massage in some of the cases. For this purpose a series of vulcanite cylinders were employed in order to gradually dilate the parts contracted by cicatrix or spasm.

According to Prof. Bartholow, electricity is only of value in uterine disorders when there is *no* hyperplasia of the connective tissue. According to various observers massage is of great value when there is hyperplasia of the connective tissue.

More recently others have had favorable experience with massage in gynæcology. By this means internally and externally, and pushing the uterus upwards and forwards and allowing it to fall back again, varied with resistance to adduction and abduction, Prof. F. von Preusschen¹ benefited a case of prolapsus uteri of 31 years' duration so much that after the first day of treatment the uterus remained in the pelvis, and at the end of 3½ months there had been no prolapse. The duration of treatment is not stated. The raising of the uterus is of value in correcting the retroversion and for separating adhesions between the uterus and bladder. The resistive movements of the thighs cause the whole muscular floor of the pelvis to contract, and this can be increased by the patient raising her hips at the same time. In this way the lax muscles regain their tone, they re-

¹ Centralblatt für Gynækologie.

store the proper support to the cervix and narrow the opening for the vagina in the pelvic floor.

By like procedures Dr. Paul Profanter¹ cured a case of prolapsus of 27 years' duration in 10 days, and another case of complete prolapsus of 10 years' duration in a month. In the last case the uterus remained 5 cm. above the perineum after the first treatment. Besides these he has used massage in 14 other cases of parametritis with abdominal fixation of the uterus, chronic ovaritis and periovaritis, fixed retroversion and one case of retro-uterine hæmatoma. Abnormal fixations and positions were removed within a few weeks, and the accompanying pains and discomforts also disappeared. The conditions which were found by careful palpation before and after treatment are shown by wood-cuts. The results were surprisingly favorable.

An eminent writer has styled massage an agent of singular utility. Its effects in such cases as the above show it to be an agent of plural utility — in the dispersion of morbid products, in the loosening of adhesions, in correcting local and general disturbances of circulation, and morbid secretions dependent upon these, in restoring contractility and tonicity to organs surrounded by involuntary muscular fibres, as the uterus, the bladder, and the intestines, and thus enabling them to resume their normal functions. Massage of the uterus and the tissues adjacent to it, first brought prominently to the notice of physicians by a layman, has found its place in rational therapeutics through the instrumentality of Norström, Asp, Jackson, and others. Norström seems to have been the next after Dr. Sinclair to use massage scientifically in these cases, the nature of which could be understood, and the mode of action of massage explained. The beneficial effects of general massage upon local affections in women are shown by the experience of Asp, and others before him, mentioned in the preceding chapter. Independently of any one else, Dr. Jackson has neatly combined the advantages of internal and external massage so as to gain the best effects with the least effort, and just where he has left the increasing range of massage of the pelvic organs, Dr. Bunge has

¹ Die Massage in der Gynækologie, von Dr. Paul Profanter, Vienna.

taken it up and proved at one and the same time its good effects in the class of cases in which Jackson found it beneficial, and still further for the removal of indurations and adhesions around the uterus. Besides the experience of Prochownik, Von Preusschen, and Profanter here given, the medical journals now make frequent mention of the results of massage by others well qualified to judge; so that this method, which a few years ago was sneered at, has gained for itself a fixed place in the treatment of intractable uterine affections as well as in many other conditions. Some physicians who are either too busy or too modest to record their results, or who fear that they would be doubted, have told me of the excellent service that massage affords them in their own hands in uterine maladies, which they can obtain in no other way. Still other methods are used for the same purpose, such as packing the vagina, gradual dilatation, etc., all of which are more or less imitative of massage. But skilful gynæcologists are not very likely to apply massage until everything else has failed, for it is tedious and difficult for the operator, painful and disagreeable to the patient.

A TREATISE
ON
MESSAGE,
THEORETICAL AND PRACTICAL;
ITS
HISTORY, MODE OF APPLICATION AND EFFECTS,
INDICATIONS AND CONTRA-INDICATIONS,

WITH RESULTS IN OVER FIFTEEN HUNDRED CASES.

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