

MESSAGE IN GYNÆCOLOGY.

While in some other countries, especially in France and Scandinavia, soon after the re-introduction of massage into therapeutics, there appeared a series of publications on its employment in gynæcology, and discussions of the subject took place in various medical societies; among us the contributions to a knowledge of the subject have been few, and this is especially true with regard to clinical observations. Our newer manuals express themselves with reserve, and rest satisfied with merely a curt acknowledgement of the existence of the method.

There was no reason at first to regret the circumstance. The results of massage were certainly for a time exaggerated; the process soon fell into the hands of the humbler sort of practitioners and quack specialists, and it must be frankly admitted that it was through such people that the process first found a footing in the field of gynæcology. This circumstance did not altogether tend to beget confidence, and when we remember that gynæcologists have of late been reproached with too great diligence in treatment, it is easy to explain why many who have employed massage have been cautious about publishing their results. But already the results of massage in surgery, and even in gynæcology in the hands of some of the operators by profession, have been so striking that the subject urgently challenges an experimental investigation.

To this challenge I respond, and inasmuch as I have for two and a quarter years somewhat freely employed massage in gynæcology, I should like to-day to take the liberty of acquainting you with the results obtained in order to elicit from you, as representing the opinion of Germany, some opinion with regard to massage. Time compels me to be brief. I intend, therefore, to state my views and results in a number of exactly formulated and easily discussed propositions, retaining details and case-histories for future publication.

(1) The employment of massage in gynæcological therapeutics aims at the acceleration of the absorption of pathological products, the stimulation of the circulation, the stretching of shrunken and cicatricial tissue, rarely the production of contractions. Parallel with these objects, the following diseased conditions come under consideration as the most suitable for treatment by massage, namely, transudations, exudations, metritis, loss of tone, cicatricial stricture, and contractions with their resulting conditions, rarely neoplasms.

(2) Massage should never be employed except when all other therapeutic agents have failed. Every course of treatment by massage is tedious, often lasting for months, and it is

almost always painful. Consequently it is not only better before having recourse to massage to give trial to other and simpler methods of treatment, but it is also more satisfactory because patients decide more readily to submit when other measures have failed. This rule may be readily set aside by others, but with me the more experience I have of massage the more decidedly does it become an axiom; for only in this way can we protect ourselves from disappointment and save the method from discredit. * * *

(3) Another previous condition to the practice of massage is an exact differential diagnosis, the result of careful combined examination. * * * We must not hesitate to make an examination under anæsthetic in order to make the diagnosis clear and definite, and such a proceeding has repeatedly saved me from errors in diagnosis, especially in estimating the amount and the consistency of exudations. The process of differentiation is essentially lightened when the physician prescribes massage only for patients whom he has already had under treatment.

(4) Gynæcological massage divides itself into an external and an internal. External massage is very little used, but it is advisable in most courses of treatment to begin with it, if only to test the amount of sensibility. The circumscribed employment of external massage depends upon the fact that only in a small number of patients is it possible by external manipulation to produce any effect upon the organs of the true pelvis, because every kind of massage requires a certain amount of resistance for its efficiency. The employment of massage as a test for sensitiveness is suitable for most patients, but not for all; there are women who are completely intolerant of internal measures, and who cannot bear external manipulation. The mode of applying external massage is almost exclusively by friction, a process concerning which it was well remarked by Mosengeil that it is easier to show than to describe. For gynæcological purposes it may be conducted as follows: The palm of the hand is laid flat and supported upon the center of the ilium, the rami of the pubis, the surface of the sacrum, or the psoas muscles, then, while the abdominal muscles are as much relaxed as possible, with the tips of two or more fingers the operator seeks from the front or from the side to work down upon the part or organ to be influenced, and to draw it against one of the underlying parts, or to press it down upon or against some resisting object. * * *

(5) Internal massage divides itself into *active* and *passive*. The active form consists in a process of kneading, of pulling and pushing, by means of the two hands working together, the fingers of one being placed in the vagina (more rarely in the rectum), of the other on the abdomen.

The passive form depends upon the introduction of cylin-

ders into the abdomen for the purpose of widening and of stretching the tissues. Active or "combined massage," is that which has hitherto been more frequently practiced. * *

* It consists in kneading the affected part, that is to say, the operator tries from the vagina and abdominal surface to take the part between his fingers and to rub and press and squeeze it. With this process of kneading (*pétrissage*) may be associated a form suitable for gynæcological cases, consisting in pressing and drawing the parts in various directions according to the object to be attained (*der Zugdruck*). It is especially efficacious in dealing with cicatricial bands, and often affords much better results with less pain, than the kneading process.

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Few women can tolerate the process more than once or twice a day, from ten to fifteen minutes each time. Apart from the pain, a marked impression is produced on the nervous system. I entirely omit any reference to sexual excitement, which can easily be avoided, and which, for my own part, I have never observed, but I refer to a nervous excitement of quite a different character, which is often produced by gynæcological manipulations, even in the most unimpressible women. On the other hand, it has been shown with regard to massage for any purpose that only the courses of treatment which are regularly and systematically carried out with as few interruptions as possible are followed by any satisfactory result. The same is true in gynæcology, and the performance of the process of active massage only twice or three times a week produces little or no effect. From this dilemma I tried to escape by the introduction of passive massage. [The description here given of this process proves it to be somewhat similar to that sometimes carried out in the preparation of a patient for the operation of vesico-vaginal fistula when there are cicatrices in the vagina, or in case of vaginismus. A series of vulcanite cylinders are employed to gradually dilate the parts contracted by cicatrix or spasm. The author claims for this process that it is the only means by which the sittings of the course of active massage can be reduced to two or three a week.] Massage may be advantageously combined with baths or with other therapeutic agents, such as iodine or iodoform. * * *

(7) *a*—An absolute contra-indication is every acute disease, even if it runs its course without fever, and every subacute disease which has been accompanied by rise of temperature in its acute stage. In cases of exudation it is a safeguard against mishaps if we make two to three months absence of fever a condition of employing massage; in the case of hæmatocele we may make a beginning six to eight weeks from its occurrence. *b*—Conditional contra-indications are: pregnancy, suspicion of consumption, and perhaps latent gonorrhœa. In the first months of pregnancy we may cautiously employ active massage

upon painful cicatricial bands. In the latter months passive massage may be used for cicatrices of the vagina from whatever cause.

In a lady belonging to a consumptive family with catarrh of the apices I once observed, after massage for exudation, an attack of pleurisy which may have been set up by the process; * * * in undoubted latent gonorrhœa I have twice (during massage observed joint affections very painful and associated with slight fever, which I considered to be gonorrhœal rheumatism. * * *

The following are the results obtained:

From July, 1882, to July, 1884, one hundred and two women were treated by massage (not counting the incomplete cases of the last few months).

Of these we set aside at once sixteen who would not go on with the course owing to the pain or from some other cause. Fourteen of these sixteen cases occurred during the first five months, only two in the last nineteen months, proving that it was not the method itself, but the operator that was at fault. With increasing experience and greater dexterity, the cases of excessive painfulness became rare. Among the remaining eighty-six there were five cases of new formations. Encouraged by the success of Winiwarter, I tried massage in three cases of small intra-ligamentary tumors; two of them disappeared without any concomitant bad symptoms and without return; the third developed apace and came later for operation. The attempt to aid the general enucleation of submucous fibroids failed in two cases.

Thirteen times was massage undertaken for prolapse of the uterus. The chances of a favorable result were small on pathologico-anatomical grounds, but inasmuch as the professional *masseurs* boast of successes in this condition, I have from time to time given it a trial. Only once in case of slight prolapse was a cure effected; twice there was slight improvement; in all three I attributed the result to the improvement of the general health of the patient. In marked prolapse, or in complete procidentia, conditions in which the Swedish *masseurs* claim to have succeeded, I never saw any kind of improvement. *

* * * Further, ten cases of chronic metritis and subinvolution were treated by massage; the number may seem small, but it should be remembered that the majority of such ailments are cured by simpler measures. The whole ten cases were of specially long duration and obstinacy, so that a complete cure in four cases and improvement in three is a noteworthy result.

Of eighteen cases of exudation (including five cases of hæmatocele) eight (including two of hæmatocele) were completely cured, two were relieved to the extent of an entire absence of symptoms, and a less degree of improvement occurred in other three. In the three cases already mentioned (one of pleurisy,

two of gonorrhoeal rheumatism) harm was done. I have never had a case in which fresh inflammation was set up in an old exudation, such as is mentioned by some operators; but I have been extremely cautious in applying massage to exudation cases.

The largest class of cases suitable for massage are the old cicatricial, contracted remnants of exudation, callous cicatricial bands upon a basis of simple inflammation, with the changes in the position of the uterus and ovaries depending upon these conditions. Out of forty such cases twenty-four were cured, and of ten improved eight were in a clinical sense also cured.

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It would be foolish to call these results brilliant; it would, however, be a mistake to overlook their value. If we remember that in every case other therapeutic measures had preceded, and when we think how little success we have attained in the cure of old exudations and the dissipation of obstinate cicatricial bands, we must admit that the results here obtained are sufficient to challenge a further trial of massage in gynæcology. —Abstract of paper read by Dr. Prochownik at the *Versammlung Deutscher Naturforscher Aerzte*. —*Obstetric Gazette*.