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MESSAGE IN GYNECOLOGICAL PRACTICE.

A great deal of interest is being manifested of late in the treatment of uterine displacements and inflammatory exudates surrounding the female pelvic organs, by means of what may be called (for want of a better term) pelvic massage.

The principles involved in this method of treatment and their actual application in gynecological practice, while scarcely to be regarded as new have nevertheless only just begun to attract anything like general interest on the part of the profession. For some years past articles descriptive of the application of the methods, with accounts more or less credible of the cures achieved, have appeared in the literature of gynecology and in the near future the subject will doubtless have a literature of its own.

One of the earlier papers on this subject and one that has attracted considerable attention both at home and abroad, is that by Prof. A. Reeves

Jackson, of Chicago, entitled "Uterine Massage as a Means of Treating certain Forms of Enlargement of the Womb." This paper was read before the American Gynecological Society, in 1881. Very recently Prof. Jackson has expressed himself as thoroughly convinced of the efficacy of the method when properly employed. He believes, however, that it requires the manipulations of the skillful gynecologist himself, to secure anything like satisfactory results and that it is quite useless to relegate the patient to the hands of even the most skillful and painstaking nurse.

At a recent meeting of the Chicago Gynecological Society, Prof. F. H. Martin spoke of the method in warm terms of praise.

At the meeting of the Royal Academy of Medicine in Ireland, April 12, 1889, Dr. Alfred Smith reported the results attained by massage and pelvic gymnastics in six cases of prolapsus uteri. Although his results were not positively brilliant they were, notwithstanding, sufficiently satisfactory to encourage the reporter in the belief that the procedures in question possess a very high degree of efficiency. In the ensuing discussion all who participated, among them Dr. Atthill, expressed themselves as satisfied of the potentialities for good of these plans of treatment, which they welcome as important additions to the therapeutics of conservative gynecology.

In a recent discussion at a Congress of Russian physicians, a large number of cases of prolapse and displacements of the uterus treated in this manner were reported and much enthusiasm was manifested with regard to the results attained.

But it is not necessary to multiply reports of this character. Enough has already been said to indicate the widespread interest manifested. The universal expression of opinion is one indicative of great satisfaction that such a powerful adjuvant to the more familiar practices of conservative gynecology has been discovered.

But singularly enough, and little to the credit of professional gynecologists, this wave of enthusiasm was started by an outsider, so to say, for all unite in yielding the palm to Thure Brandt, of the "Central Institut" for gymnastics in Stockholm, who is not a physician at all, much less a gynecologist!

A very complete and extremely interesting description of Brandt's "hygienic-gymnastic treatment," as it is termed by the Germans, is con-

tained in a very recent publication by Dr. L. Fellner, of Vienna, in the *Klinische Zeit- und Streitfragen*. Dr. F., after having been for two months under the instruction of Brandt, returned to his home full of that kind of enthusiasm which is always infectious, though often somewhat disappointing in the end.

Brandt himself, it seems, had been actively engaged in massage from the year 1844, when in 1847 he was fortunate enough to cure a case of prolapse of the rectum. Later on, in 1861, he made a remarkable cure of a case of prolapsus uteri of twenty-seven years' standing, after a two weeks' course of treatment. This woman, he says, remained free from prolapse until her death which occurred twenty-three years later. Since then his experience with the various forms of uterine displacement and exudates, has been very extensive although for many years his results attracted comparatively little attention from medical men.

However, in 1887, his work having come to the notice of several physicians of eminence, he was introduced through the instrumentality of Profanter, to Prof. Schultze, of Jena, at whose clinic he was accorded full opportunity to display his remarkable abilities both in the direction of gynecological diagnosis and mechanical treatment. This he did to the complete satisfaction of Prof. Schultze and a number of other gynecologists who witnessed his manipulations and have since borne witness to their surprise and gratification in most cordial and unmistakable terms of praise. The reports of the cases treated by him at Schultze's clinic, were published in detail by Profanter together with an introduction by Schultze himself, under the title of "Die Massage in der Gynäkologie von Dr. Paul Profanter" (W. Braumüller, 1887).

This was the real beginning of Brandt's fame; for following Profanter's publication, gynecologists began to crowd in on him to learn his methods and from them, and in turn their pupils, emanate the glowing reports which are becoming so frequent in current literature.

Brandt's treatment includes the following procedures:

1. Various active and passive movements pertaining to the so-called Swedish Movement Cure. These are generally entrusted by him to a female assistant, who applies them according to instruc-

tions which are varied to meet the exigencies of each individual case. These do not (so his pupils say) constitute essential features of a rational treatment and may be supplanted by the various hydropathic drink and bath cures dear to the heart of the true German physician!

2. Massage.
3. Stretching.
4. Replacement of the uterus (Redression).
5. Elevation of the uterus (Uterushebung).
6. Pressure upon the pelvic nerves.
7. Abduction and adduction (against resistance) of the knees.
8. Slapping of the back and tapping of the loins and sacral region (tapotement).

Massage finds its application in cases of swelling and thickening of the organs and tissues occurring as a sequence to stasis, chronic inflammations and extravasations, as well as in subacute and acute inflammation.

Stretching is never employed in cases of acute and subacute inflammation, nor in cases of exudation. It is only indicated in cases where the ligaments are relaxed and lengthened, or shortened and contracted.

The recognized indications for massage are: metritis and endometritis chronica, subinvolution of the uterus, hypertrophy and atrophy of the uterus, parametritis, perimetritis, perioöphoritis, salpingitis, pelvic cellulitis, hæmatocele and uterine displacements, in all of which it may be employed as an auxiliary mode of treatment.

The object of stretching is to lengthen the shortened ligaments and to restore tonicity to those that have become relaxed. This procedure is never undertaken during the progress of inflammation, or in the presence of exudates. The principle involved in stretching is that a muscular irritation of short duration excites contraction, while an irritation of continued action induces elongation.

Replacement of the uterus. This is accomplished by various methods and with the patient in one of several positions—standing, knee-elbow, or lithotomy. The recto-vaginal method of replacement is employed in cases where the uterus is enlarged and retro-flexed. The operation is performed with the patient in the knee-elbow position. The operator's finger is introduced into the rectum and the thumb into the vagina, whereupon the fundus is pressed forward and downward

while the cervix is pushed backward and upward.

Ventro-vaginal replacement is practiced in the lithotomy position and is accomplished by the methods of tilting, invagination of the abdominal walls, hooking in of the finger behind the fundus and by the so-called replacement pressure. Tilting is used when the uterine walls are so rigid that pressure on the anterior surface of the cervix suffices to raise the fundus until it can be grasped by the other hand through the abdominal walls. The invagination process is resorted to when the uterus cannot be tilted forward. The fingers of the external hand are made to push back, "invaginate," the walls of the abdomen until the fundus is brought within reach, while the finger of the other hand introduced into the vagina presses the portio vaginalis backward and upward. In this manner the uterus is brought into a position of anteversion.

The "hooking" process referred to, is that which is employed when the uterus is so flexible that pressure on the vaginal portion increases the angle of flexion. The finger is introduced behind the fundus which is pressed towards the abdominal walls until the external hand is able to obtain hold of it.

The "replacement pressure" is exercised when the portio vaginalis is firmly fixed anteriorly. The internal finger presses up on the fundus and holds it in position, while the fingers of the external hand press down over the symphysis upon the isthmus uteri forcing it backward. Thereupon the internal finger of the operator is changed to the anterior surface of the cervix, close under the fingers of the external hand, and for several seconds pressure is made by both hands in a backward direction. Then while the internal finger still continues its pressure, the external hand is made to glide over the anterior surface of the uterus until it reaches the superior margin of the body, when it is turned until the finger-tips are directed forward, when they are made to sink behind the fundus which is then brought into anteversion.

Ventro-vaginal-rectal replacement. This method is adopted when the fundus is so high up that it cannot be reached by the internal finger, in which case it becomes necessary to make it more accessible by downward pressure exercised by the disengaged hand. The patient is placed in the lithotomy position. The left index finger is next

introduced as high as possible into the rectum. The fingers of the disengaged hand are then laid upon the abdomen in the vicinity of the fundus and made to execute, under moderate pressure, a circulatory rubbing motion in the direction of least resistance while the effort is made to bring the fundus gradually downward and forward. If it is not possible in this way to reach the posterior surface of the uterus, the effort is aided by the introduction of the left thumb into the vagina the index finger meanwhile remaining *in situ*. The thumb is then employed to press the cervix backward, while the index finger raises the fundus until it can be grasped by the fingers of the unemployed hand when it is in this manner brought into place.

Our limits do not permit the completion of the discussion of this subject in the present issue of THE JOURNAL. In the next number we propose to discuss the method ascribed to Brand, and which no doubt originated with him. The importance of the subject is such that it merits the careful consideration of the profession.

## MASSAGE IN GYNECOLOGICAL PRACTICE.

Resuming the discussion of this subject at the point where it closed in the last issue, we desire to consider, *first*, the method of treatment of uterine displacement adopted by Brandt.

Brandt's most original method of treatment, and the one indeed whose invention is no doubt rightly ascribed to him, is termed "elevation of the uterus" (German, *Uterushebung*; Swedish, *Lyftrörelser*), which may be briefly described as practiced by him in prolapsus uteri. The patient lies on a low, short, reclining chair. The physician begins by replacing the uterus, which he then supports by pressure on the cervix. He then indicates to an assistant the position of the fundus. The assistant lays his outspread hands upon the lower part of the abdomen and makes equable pressure in a backward and upward direction, taking care not to displace the uterus. This manœuvre is repeated thrice, deeper pressure being made each time in the direction of the inguinal region. The assistant then holding his hands in a strongly supinated position, lays the tips of his fingers on the abdomen close to the edge of the symphysis and bending over the patient until his face approaches hers, he lays both hands quite flat on the patient's abdomen (one at either side of the physician's hands) and pushing the abdominal walls before him seeks to press deep down upon the cervix, taking care to keep close to the posterior surface of the symphysis. The physician next removes his external hand, while the assistant seizes the uterus from before and a little to one side and endeavors to lift it in an upward and forward direction, succeeding in which he then slowly and cautiously allows it to glide from his hands.

The height to which the uterus can be raised, depends upon the extent of relaxation of its ligaments and the degree of vaginal collapse. The uterus should be only moderately elevated at first; later on it should, in some cases, be raised to the level of the umbilicus. The uterus should be

elevated in this manner three times, with short intervals, at each sitting; after which massage of the uterus, Douglas' folds and the parametrium must be practiced. Contraindications are every acute and subacute inflammation of the pelvic organs, as well as the presence of an exudate. In prolapse the object of treatment is more quickly attained if the patient (at least in the early part of the treatment) keeps in bed and if the elevation of the uterus be practiced twice per diem; otherwise much of the results may be lost.

The next measure to be adopted, is that of pressure made a few times upon the pudendal, hypogastric and solar nerves. The object of this is to abolish all unpleasant sensations and prevent lascivious sensations.

Next in order is the forced abduction of the knees against muscular action exercised by the patient. This is regarded by Brandt and his followers, as a potent means of strengthening the pelvic floor; for the pelvic diaphragm (and especially the levator ani) is thereby excited to contraction whereby the muscular structures are gradually strengthened.

Finally, we have the stroking of the back and the tapping of the lumbar and sacral regions. The former is practiced by holding the hands together and making with the ulnar border of the little fingers short rapid strokes at either side of the spinal column from the neck to the loins and back again. The tapping of the lumbar and sacral regions is accomplished by means of the the closed hand, five strokes being made twice on either side of the lumbar vertebræ and seven strokes twice repeated on either side of the sacrum. These taps are to be made from the wrist joint and not from the elbow.

In regard to Brandt's treatment as applied to the various forms of pelvic exudates, it may be said to offer most available and valuable aid to the deplorably limited therapeutics of this department of gynecology. One writer (Dr. A. Winawer, *Centr. für Gynäkologie*, Dec. 29, 1888) who has found it most useful as an adjuvant to the diagnosis of tubal tumors, expresses himself as follows: "In cases where the tube is embedded in knotty masses of exudate and cannot be palpated even in narcosis, massage enables us to secure almost ideal relations for the examination; for when the abdominal walls are not too thick, all the pelvic organs can be palpated because, 1st,

after massage the abdominal walls are relaxed, yielding and non-sensitive, and 2d, the knotty para- and perimetritic masses, adhesions of the ovaries, etc., are dissipated, so that the parametrium becomes elastic and painless. In this wise a diagnosis of salpingitis may often be made where otherwise no definite results could be obtained even during narcosis, and where there was, perhaps, no suspicion of tubal diseases.

Such, in outline, is the Brandt method of gymnastic massage. Of the inventor and his method we find, for the most part, extremely flattering accounts, particularly in the German current literature. Prof. Schařta, for instance, says that "Brandt is a complete master of gynecological diagnosis. I was astonished at the minuteness and accuracy of his diagnosis."

On the other hand we have, naturally enough, unfavorable reports and accounts of unsuccessful cases treated by Brandt's methods. It is unnecessary, of course, in connection with a comparatively novel and strange method of cure to point out the causes of failure; but it should be observed that Brandt himself is adapted both by nature and art for the successful pursuit of his methods. He is endowed with great muscular strength, and has an unusually powerful hand with fingers of exceptional length.

It has been objected to Brandt's methods, that they are rude and harsh; but those who have seen him at work and who have had the best opportunities to judge, do not seem to so regard them. Other objections are the length of time required in the manipulations, which will of course prevent many a busy practitioner from applying the treatment which, nevertheless, cannot readily be relegated to assistants; for all are agreed that the greatest diagnostic skill is an absolute prerequisite to successful practice in this line.

It may readily be understood that the treatment is disagreeable alike to patient and practitioner; but it is to be remembered that some of the greatest triumphs have been witnessed in cases that had proved not amenable to any other forms of treatment, short of radical operations of a surgical nature.

If female gynecologists shall prove to have the necessary physical requirements for the successful employment of the methods in question, it will doubtless afford them a wide and profitable field of useful labor.