A CONTRIBUTION TO THE LITERATURE OF MASSAGE OF THE UTERUS AND ADNEXA.

BY

HENRY KOPLIK, M.D.,

Attending Physician Eastern Dispensary, New York.

THE introduction of any new procedure in medicine is certain to be followed by its too general application. This is the case with massage of the uterus and its appendages. The field of this method of therapy is, I am certain, a limited, though not the less very useful one. It should be practised only in skilled hands where the chances of accident are much diminished. It is not possible for the gynecologist to judge of the effects of the gymnastic movements carried out in the system of Brandt when used as he has applied them in cases of extreme prolapsus uteri or recti. The Swedish movement is an art of its own, requiring a special training and study to carry its various movements to their finish. Again, time would scarcely be at the disposal of even the moderately busy medical man to carry a patient through the maneuvres described with such detail by Thure Brandt. The physician has therefore been able to apply only that part of Brandt's method which is purely local and not difficult to carry out upon patients in the office or ambulatorium. It would not be just to pass judgment from these few procedures on the entire Brandt method. It would seem, therefore, desirable to combine the services of a skilful masseuse with those of the gynecologist, in order that the purely local may be combined with the general massage.

The results of local massage of the uterus and adnexa have been so gratifying to all who have justly tried the methods that it is not surprising to see a literature upon massage of these organs already accumulating. During the past twelve months I applied these methods in cases which it is the fate of every

gynecologist to see in his dispensary or office practice—cases which stray from one clinic to another, disheartened with pains. I have in many cases been amply repaid by the gratitude of these patients. After a period of treatment, my patients, previously practically invalided, have been enabled to go about their daily tasks comparatively well and free from marked pain. One case especially I shall never forget; it certainly was a striking one. The patient having been operated upon for lacerated cervix, contracted a parametritis during the convalescence from the operation. Though discharged from the hospital, the patient continued to run down until, when I saw her six months later, she was an invalid in bed. Under preliminary treatment and regular massage of the uterus, the patient was relieved of pains, and now is one of the most grateful of my patients—improved in health and strength, and for long intervals free from all symptoms. The above extreme case is only one cited from a number. The object of this paper is not to record successes; this has been done to sufficiency. It is rather my object to demonstrate my experience, at the same time not hiding my failures with the method. The accidents occurring to me are intended to instruct rather than intimidate.

History.—It may be pardonable if, for the benefit of those who have not access to translations or original brochures, to say that the history of massage has been enriched lately by contributions containing the labors of B. S. Schultze, Seiffart, Paul Profanter, and a translation of the Swedish brochure of Thure Brandt by Resch. In all these we find modifications and suggestions upon the original methods which Brandt, a layman, evolved from the art of Swedish movement gymnastics. He was the first to apply these movements in the treatment of the female generative organs. The subjects treated suffered mostly from malpositions, displacements of the uterus or adnexa. It is impossible at present to do more than mention that Brandt has employed his completed method of gymnastics of the Swedish school with local massage to diseases mostly of mechanical displacement of the uterus and appendages. Seiffart and Profanter publish detailed successes, as does also Schultze, of the method. Schultze's method is simply an advanced form of massage, a forcible redressment of the uterus under chloroform. (This is not true massage, and I will not consider it here.)

Profanter now publishes cases of prolapsus uteri treated according to Brandt.

CLASS OF CASES.—Inasmuch as I have been compelled to satisfy myself with the meagre notices in the literature before the appearance of the brochures of Schultze, Profanter, Seiffart, and Brandt, the original of the latter being in Swedish, it is quite natural that I have by experience learned for myself the cases best adapted to this treatment. I shall, therefore, refer the reader to the above brochures and only detail my own views.

1. Those cases of severe hyperesthesia of the uterus remaining after prolonged childbed, or this combined with a parametritis after an abortion, or, as in one of my cases, after operation for lacerated cervix. On examination of such a patient, who may have been confined to bed for a long period after confinement, we find a very sensitive but heavy uterus, with enlarged uterine cavity, both as to length and capacity; the body of the uterus may feel soft, elastic, as if pregnant in the early months. The examining finger finds that, on ballotting the uterus, it moves to a certain distance, but is fixed at the side of the junction of the cervix to the body of the uterus by adhesions to the side of the Douglas' pouch. The patient experiences great pain on manipulation even of the gentlest character. The heavy body of such a uterus may be retroverted or even retroflexed, and retroverted and pushed back into the hollow of the sacrum (retroposed). The adnexa are of normal size, but sensitive. The symptoms are out of all proportion to the amount of disease, which consists as above, and most marked the slight though fixed adhesions. Such patients at the menstrual epoch suffer so as to be compelled to keep to their bed. We find such patients have been diligently douched and narcotized, and are beginning to consider themselves incurable.

2. Cases of dysmenorrhea, generally of a nervous nature, combined with chronic oöphoritis, with hyperesthesia of the uterus; pain on intercourse; sterility. Massage is here directed to relieve *pain*.

3. Cases of retro-displacement of the uterus in women who have borne many children, but in whom a pessary does not relieve, or who cannot retain a pessary long, with pains in groins or back. Here the uterus is very slightly enlarged, and also has an elastic feeling, but it is quite movable; there is no parametritis or perimetritis, but every movement of the organ

gives pain. It is very sensitive on the back of the fundus. Here massage is combined with the use of support (pessary).

4. Chronic oöphoritis, with or without slight enlargement in size of the ovary, or displacement of one or other ovary.

5. Chronic parametritis with perimetritis, fixation by slight amount of adhesion or exudate. In these cases they can be treated by massage (ambulatory) only when the adhesions are not marked or the exudate not great in amount, but still enough to fix the uterus and cause the discomfort of patient.

We should deprecate the use of massage in (1) all cases of endometritis of acute and chronic nature where the discharge is marked to the eye, especially if such discharge be suspected gonorrheal (gleety). (2) During menstruation, though we find this has been done by Dr. Nissen in 1884. For these reasons (*a*), because it is very distasteful even to patients of a very lowly class. (*b*) We cannot during the menstrual period tell the amount of endometrial disease. (*c*) Manipulation of an organ (adnexa) in the period of its periodical activity is liable to cause irreparable mischief. (Hematoma, perimetritis, and from this general disease.) (3) In any case where the tubes feel in the slightest degree dilated (pyo-salpinx) or the ovaries uneven (small cysts). (4) In old circumscribed tumors behind the uterus in Douglas' pouch, or at the brim of the pelvis. Local treatment of such tumors or hematoma can scarcely be justified. I have simply drawn upon cases which have come under my care, and in some the above accidents have occurred during massage when the disease was thought to be rather exudate than abscess, or probably small follicular cysts were not diagnosed. In some cases we can feel an ovary only slightly enlarged, but it is not possible to make out some of those thin-wall cysts a quarter to one-half an inch in diameter seen post mortem, and which I think it is not impossible might burst during manipulations.

To sum up: any cystic disease or condition of the adnexa or acute parametritis, endometritis, acute or chronic, with profuse discharge, peremptorily in my mind excludes massage. Those cases of marked adhesions which are treated by Schultze's method are, of course, excluded.

Method.—The case should for a short period be treated with mild laxatives to fully clear the rectum. The use of the boroglyceride tampon should precede the treatment by a few days.

Patient takes dorsal position, knees drawn up. The vagina having been thoroughly cleansed with either a moist swab or douche, the operator with only one finger well oiled (index of the left hand) passes behind the cervix uteri. The palm of the right hand holds at first the ordinary conjoined position. The following precautions should be observed: the finger and hand in the vagina should not touch, in working the parts, at the upper part of the introitus, but should be depressed toward the perineum. The hand palpating the uterus from without should not come, if possible, in contact with the parts from the symphysis. The operator stands in front of the patient to one side towards the left knee. The left arm may be rested upon the knee of the operator, which is raised on a stool. The first movement of the massage is to pass the palm or surface of the fingers of the right hand (palpating) in an antero-posterior direction from the summit to behind the uterus, at the same time exerting a slight traction force on the cervix from the vagina, and with the massaging fingers through the abdomen. The second movements are the same maneuvre, but exerted in one or other oblique diameter of the pelvis. The tendency of all movements is to draw the uterus, by massage and traction, toward the symphysis upward and forward (supposing the uterus to be fixed and retroposed). The ovaries are treated by rolling them between the vaginal finger and the external palpating fingers, displacing them if prolapsed to their normal position, or even drawing them inside one of the oblique diameters toward the uterus. Painful normally situated ovaries are treated by simply passing the palpating fingers on the abdomen over them in an arched direction transversely, keeping the finger in the vagina fixed. Massage in any transversely arched direction is also one of the useful maneuvres (Brandt) practised upon the fundus and body of the uterus.

The duration of massage-movement must vary, and, as far as my experience goes, it is rarely possible to keep a patient more than ten minutes, generally five minutes, sometimes less, on the table. The patients themselves strenuously object to longer procedure, which is, it must be confessed, exhausting. From a perusal of Brandt's "Memoir," we should suppose a longer séance, and my time may seem very short, but satisfactory results and safer ones may be obtained even with such a short period, and the patient is apt to allow a repetition of procedure.

Force.—There is no standard force; the fingers must be so trained as to be able to measure the requisite force. I never watch the face of the patient—a rather indefinite criterion. A force of kneading rather than of tearing should be employed; tearing is brutal and not massage, and this is all that can be said. Accidents must occur in the most skilful hands with even a minimum force. There should be no hemorrhage from the uterus or vagina after the manipulations, though this is mentioned as not harmful by Brandt, yet it must have appeared in isolated cases where an unduely prolonged séance has been resorted to or an undue amount of crushing force. We should be careful and try to so direct the forces in the vagina and externally as not to bend the uterine body excessively upon the cervix; this is very painful. Again, it is cruel to introduce a blunt sound and massage the body of the uterus upon it. It must in some cases be positively dangerous. After massage, a small-sized boroglyceride tampon is introduced into the vagina to support the parts. In retroversion, it is placed high up behind the cervix. The patient should not experience uterine pains.

Objections and Dangers.—The patients are found, even in an ambulatory practice of lowly people, very sensitive to this mode of treatment; it must be confessed it is rather trying to the patient aside from any considerations of pain and discomfort. In sensitive women, the remedy for this is narcosis at their homes, but for so small a procedure the physician will hesitate to give ether. I have never done it. Yet after the benefits have been noticed, the patients, though reluctant, submit to treatment. It seems diplomacy, if nothing else, to try every other simple means to relieve the pains and symptoms of the patient before resorting to massage, if for no other object than to demonstrate to the patient the futility of other means and the necessity of massage.

The Dangers of Massage are:

(*a*) Hemorrhages.

(*b*) Rupture of bands and ligaments.

(*c*) Expression of pus into the peritoneal cavity from an unrecognized pyo-salpinx.

(*d*) Rupture of small follicular cysts of the ovary or small collections of pus in bands of adhesions; recent parametritis.

By hemorrhage, hematoma is more particularly referred to.

The constant traction upon peritoneal adhesions or the kneading of parametritic exudate may, in isolated cases, cause rupture of some vessels beneath the peritoneal surface, causing a hemorrhage of considerable extent. This occurred in one of my cases: a woman æt. 25, Irish extraction; married six years, sterile; uterus fixed behind to sacrum right side. Exudate around the junction of cervix and body in Douglas' pouch. After a séance of massage, patient complained of the usual discomfort; no marked pain. On reaching home, pain became more marked and distinctively located in the right groin. Kept her bed for two days; up and about after; returned saying she felt a distinct and new pain unlike anything she had experienced since treatment. As patient expressed it, "she felt a lump inside her to one side." Examination showed a small tumor of recent formation to one side of the pelvis about on level with the brim, probably inside the parametritic adhesions (hematoma). Under expectant treatment the tumor grew small, hard, and less painful. I did not renew treatment on this patient. I thought it too dangerous. I am aware that massage is recommended in cases of hematoma. It must, however, be a procedure of very questionable utility in recent, well-diagnosed cases.

It is not difficult to see how any undue force may result in tearing or rupture of ligaments or adhesions; this I distinctly think is always attended with danger, and massage does not seek to rupture, but mildly stretch.

There are some cases where the patient seems to be doing very well, when sudden pain is experienced on massage of the ovary. This pain does not disappear but persists, and though it disappears in a few days leaving no palpable lesion, I have always questioned whether this was not due to the rupture of some minute cyst of the follicles of the ovary near the surface into the peritoneal cavity.

There must be great danger attending any manipulation of tubes where, though there may exist some disease, it has not yet led to any thickening or circumscribed swelling which can be palpated by the conjoined method. In order to avoid accident, it seems desirable to avoid the region of the tubes in massage as much as practicable.

A case has come under my observation which illustrates how impossible it is in some cases to diagnose exact anatomical conditions.

Patient, æt. 31 ; borne children ; since last child had suffered from backache, pain in groins and pelvis. Excessive pain on menstruation, periods appearing at times twice a month. Examination showed a laceration and erosion of the cervix ; no endometritis ; uterus fixed posteriorly between body and cervix by a thick band ; body large and soft. Diagnosed chronic parametritis. Massage ; after few days patient complained of some pain at one sitting ; nothing marked, but at the next séance told me she had noticed a profuse purulent discharge from vulva which had never been present before. I examined and found the discharge thick creamy pus, coming in good quantity from the uterus. Examination showed a marked diminution in the thickness of the adhesions posterior to uterus. I surmised that a collection of pus had found its way from the adhesion into the body of the uterus. I could explain the symptoms in no other way. Massage suspended. I thought the patient was fortunate to have escaped an exit of pus into the cavity of the peritoneum.

In the above, I have endeavored to show how difficult it is even with great care and selection of cases to avoid accidents. In the recent literature of massage, Schauta, of Prague, would limit the exercise of the method only to those who have seen the master, Brandt, or his pupils perform the various methods, and again Stumpf, of München, treats the subject in the same category with surgical massage, an evidently entirely different procedure. I think neither of these authors correct. In the most skilled hands in any department of medicine, unrecognized accidents occur. We can only ask that the physician who proceeds to massage should be well versed in gynecological examinations, and have excluded in each case contra-indications. In this way good effects may ultimately be attained in cases where other means have been tried and failed to relieve in the class of patients above mentioned, who without any marked disease of the uterus and adnexa are compelled to suffer pains which invalid them as far as even ordinary duties of life are concerned.