

## Massage in Gynæcology.

**General Considerations ; Indications and Contra-indications ; Diagnosis ; External Abdominal Massage ; Mixed Massage ; Massage in the Anterior Parts of the Pelvis .**

*Two Lectures delivered at the Polyclinic of Geneva by Prof. F. Vulliet. Translated, by Special Permission, by Charles Greene Cumston, M.D.*

### LECTURE I.

GENTLEMEN :

IF we examine the cause of the action of a certain drug, a purgative, a diuretic, a febrifuge, etc., we finish by an explanation more or less plausible, but the character, being purely hypothetical, is not generally disputable. Nevertheless, no matter how uncertain these explanations may be, they throw no discredit either on the drug or on those who prescribe it. Massage, on the other hand, has met with all sorts of difficulties in raising itself from the domain of quackery to that of science. On account of either habit or system, the great majority of surgeons and physicians know nothing of it. For this reason masso-therapeutics have remained a specialty ; with but few exceptions it is practiced by "masseurs" who have neither scientific nor clinical education. This position taken by the medical profession can be explained, I believe, either on account of a certain repugnance to adopting a practice which has been considered as coming from the hands of quacks, or by fear of compromising professional decorum in executing manœuvres which are in the slightest way wanting in solemnity. However, perhaps massage is of all therapeutical agents

the one whose effects are the easiest to explain.

Considered as to its composition, the human body only represents a mass of raw matter ; but if we consider it by its functions, we find that this matter is animated by vibrations and movements of all kinds, continuous, intermittent or rhythmic—movements in the organs of locomotion, in the circulatory and hæmatopoietic systems, the peristaltic movements of the intestines, vibratory movements of the cilia covering the mucous surfaces, molecular movements in the phenomena of osmosis, assimilation and disassimilation—in a word, we find movement in all manifestations of life. Now, it has been proved that all these movements, from the most active to the most latent, are normally produced by a certain dose of physical exercise. The health of a man who takes no exercise whatever changes after a certain time, and a pathological condition appears, characterized by atrophy of the tissues and by functional inertia. Seen in this light, exercise appears to me an indispensable stimulus for all biological activity. The effects of physical exercise are either immediate and

visible or remote and more or less latent. Among the first we notice the acceleration of the pulse and respiratory movements, the increase of temperature and transpiration; among the latter, the progressive development of the muscles, the gradual absorption of fat, the increase in appetite, of vigor and of vitality, also the resistance against morbid influences, and in case of sickness the increase of "*vis medicatrix naturæ*." These facts lead us to admit that exercise produces forces which are employed in the accomplishment of the general and intimate phenomena of life, and that the body acts as an accumulator where these forces are stored up to be employed according to the needs of the individual. If this accumulator loads itself by the simple working of its own activity, we could easily admit that it would also be loaded by forces of exterior origin, provided that they are identical in quality to those which develop by our own exercise. Now, the movements, the pressure and the different manipulations that a masseur performs, are evidently nothing else than physical exercise, which once transmitted will be able to accomplish the same end as exercise taken by the individual himself.

Massage, thus considered, seems to us like a *transfusion of force*. This transfused force can, according to its mode of distribution, cause either general effects bearing upon the entire economy, or local effects working more especially on a certain part, on certain tissues, on certain organs or on groups of organs. Wherever it has been applied this force quickens the circulation in the blood and lymphatic systems; it presses the extravasated products out of the parenchyma and

sends them on the road to absorption—in a word, it causes a hyperactivity in the chemical and thermic phenomena which is announced by an immediate increase of temperature in the parts which have received massage. These general considerations seem sufficient to explain the fortifying effect. I would ask you if you know a medication in the pharmacopœia which has an explanation as simple?

The minute, gentlemen, that we give to massage all the characters of a therapeutical agent of high standing, our duty is to study it theoretically and practically, as we would any other agent.

When once the *modus operandi* and clinical experience are acquired the physician can have a masseur by profession for simple manipulations, but he will be obliged, nevertheless, to watch these masseurs with uneasiness, from inexperience. He will keep toward them his hierarchical rôle, which consists in ordering and in fixing the amount of the manœuvres which he prescribes, and in allowing them to do nothing without his permission.

On the other hand, if delicate organs which are profoundly situated and easily wounded are to receive massage, the physician should operate himself. For all these reasons gynæcological massage can only be performed by practitioners well versed in diseases of women and familiar with massage. I shall not enter upon the applications of massage in other affections than those which compose the subject of these lessons. It is evident that an account of abdominal massage would certainly be in place beside an account of gynæcological massage. I could also speak to you of the treatment by

massage of certain nervous diseases which are in intimate relation with the disorders of the genital organs (treatment of Weir Mitchell and Playfair), but that would lead us too far. If I succeed in awakening your curiosity and interest in gynæcological massage, you will take up on your own account studies which will complete the notions that you have acquired in these lectures. It is to Thüre Brand that we owe the introduction of massage into gynæcological therapeutics. Thüre Brand is not a doctor, but is not, nevertheless, without education. He studied in the Central Institute for massage and medical gymnastics in Sweden. He received his diploma, and afterward followed the profession of a masseur. When the idea came to him to apply this treatment in pelvic affections, which in his country was already much in vogue in the treatment of other diseases, he studied seriously the anatomy of the pelvis. I wish to mention these facts, which are stated by competent authors, in order to establish the fact that gynæcological massage has not an origin as empiric as some persons have pretended. About 1865 he had invented a method which he employed for the resorption of old pelvic exudations and in correcting uterine deviations. Brand's manœuvres were, in the first place, considered indecent and brutal; but these arguments, which have served to condemn all kinds of gynæcological innovations, did not succeed in completely discrediting the real efficiency of these means. Success triumphed, and men of indisputable authority experimented with Brand's method. Schultze even confided to one of Brand and Nissen's disciples, to Dr. Profanter, the

patients of his clinic at Jena. After being witness of the results obtained, he declared, in the preface of a publication of Dr. Profanter, that massage gives excellent results by stretching and causing the disappearance of old adherences of parametric origin, and also when used to reintegrate the uterus in anteversion in a position analogous to the normal position. If there is a gynæcologist who can give competent advice on this subject, it is certainly the professor of Jena, whose works on the equilibrium of the uterus are to-day classic. Schultze assures the authenticity and exactness of the plates with which Profanter illustrates his work. ("Die Massage in der Gynaekologie," Wien, 1887.)

I commenced about four years ago, with fear, I admit, to practise gynæcologic massage. I passed a period of fear and made an apprenticeship of a certain length of time; nevertheless, I never had occasion to deplore an accident. The method that I am about to describe is not original, for I took information in all the publications that I could procure; but I cannot pretend either, that my system is exactly the same as the one practised in Sweden, the special publications being very laconic in the description of the manœuvres employed in the Swedish school. What I am certain is, that I finished by a cure by massage in several patients who had been from one specialist to another, and whom I had treated formerly without success by other means. I now come to the manœuvres that I employ, their indications and their contra-indications. Nearly all the affections for which massage is indicated have a traumatic or virulent origin. If you proceed with maladdress, or vio-

lence, you will run the risk of pushing the germs from the tubes into the peritonæum or the cellular tissue; or still farther you will break the walls that inflammation has built about them. For these reasons massage should never be practised on a uterus having acute endometritis or where there is an exudation indicating other acute symptoms. This treatment is only applicable when the existing lesions are the result of old processes. Still more, all the manœuvres should be conducted with *strictest antisepsis*.

*Diagnosis.*—It is equally necessary to establish a most precise diagnosis. It is not only to know the affection, but to have its exact localizations and limits. If the uterus be fixed, it is necessary to determine the adhesions or where the exudation which immobilizes it commences and finishes. Without this knowledge the manœuvres would only be uncertain and disproportionate. To obtain such a diagnosis, the examination should be made under anæsthesia or by repeated investigations. The manœuvres necessary to determine the situations of the lesions, are just the ones that, methodically performed, will be accomplished by massage.

To practise massage it is necessary to have a great experience in exploring the organs; a perfect knowledge of gynæcology, which alone permits us to formulate the indications and the contra-indications of massage; a great firmness of touch and much address and perseverance. The manœuvres should be in accordance with the tolerance of the patient. The force employed and the amplitude of the movements should increase little by little. The diseased organs should be examined in the first place on their periph-

ery and afterward the centre of affection. External massage is so called when the two hands work upon the abdominal walls; mixed, when the one hand is without and the other in the vagina. Certain treatises designate the rectum as one of the means by which massage may be accomplished, but I have always found the mucous membrane of the rectum too sensitive for more than a replacement or an exploration of short duration. On the other hand, the dilated uterine cavity is one of the points from which one can act most directly and efficaciously on certain lesions of the uterus. When we did not know the means of keeping dilation for a certain time, we could only exceptionally use this means; but in placing a tampon *à demeure*, as I have previously explained to you, we can introduce the finger or instruments as often as is necessary in a treatment of certain duration. The patient is placed on a bed or on an operating chair with the seat and back raised up, but without exaggerating the flexion of the lumbar region, for the abdominal viscera would settle downward, and diminish the suppleness of the walls. The legs are flexed and slightly apart. The bed should be easily approachable from all sides. The patient ought to breathe regularly, with the mouth opened slightly, and the manœuvres are not to commence until she is calm. If the bladder and rectum are distended they must be emptied.

*External abdominal massage.*—Having cut the nails, and covered the hands by an unguent, the operator places them on the abdominal wall quietly, and covering as much surface as possible, in order to prevent tickling. With the first touch you should ar-

rive on the diseased parts, the hand being tangent and not perpendicular to them; the palmar sides of the last phalanges should perform the manipulations and not their extremities. The elasticity of the abdominal wall is the first condition in gynæcological massage. In women who have had children, and those who are not too corpulent, you can generally feel the vertebral column if the abdominal wall is pressed upon it; then descend along the inner sides of the pelvic brim as far as the innominate line to feel the aorta and its divisions, which are recognized by their pulsations. Beginners should find out these landmarks; if not found it is very probable that they cannot be discovered in the diseased parts which are less prominent, less in consistency, and still more profoundly situated.

In this case it is necessary to modify the massage and to make out the nature of the obstacles, which can be simply occasioned by a too strong pressure, a too superficial respiration, by cold, and also by uneasiness, which is capable of producing a rigidity like that caused by an effort. A diversion will often do away with this difficulty; for example, a conversation with the nurse, etc. Other obstacles, the accumulation of adipose tissue of the abdominal walls or in the omentum, rigidity of the muscles, or meteorism, are more difficult to overcome. Hegar and Kaltenbach advise filling the bladder and rectum with tepid water, plugging the vagina and rapidly emptying all these reservoirs only at the moment of the bimanual examination. These means sometimes succeed in making the abdomen supple, but it is of greater value when there is an examination in view than in a treat-

ment where it must be employed daily.

From my experience, superficial massage is the best for preparing the patient to undergo profound massage. If from the beginning I cannot depress the walls, I then use massage exteriorly until suppleness is well-marked. Unquestionably, one can considerably diminish the abdominal rigidity by a systematic kneading of the parietal and epiploic fat; for this purpose the wall is grasped by the hand, thus forming folds in its entire thickness and then pressing them between the fingers with as much force as the patient can submit to. The tolerance for this treatment is very soon acquired. This grinding, this subcutaneous kneading, combined with pressure and frictions on the profound parts, liquefies the adipose tissue and obliges its resorption; the meteorism also diminishes on account of the excitement of the peristaltic movements and the acceleration of the circulatory currents of the abdomen. This proves that even superficial massage has a resolvent action on deeply situated exudations. External massage is then rather more preparatory, and for inducing suppleness; it would not be sufficient for tumefactions which protrude into the abdomen or those situated near the side of the pelvis. The two hands will act in this case to slowly and gently push back the tumefactions against the bony wall of the pelvis; friction, horizontally applied, will be associated with these manœuvres.

Mixed massage is the most employed, and is only practicable when the vaginal walls have a certain suppleness. This suppleness can be considerably increased by progressive tamponing or by a Gariel's pessary,

but, as in the case of the abdominal wall, it is massage itself which is the best means to do away with rigidity of the vaginal walls.

We will now take up the subject of mixed massage in the anterior part of the pelvis, then that of the sides, and lastly the posterior region. No matter how rigid the abdominal and vaginal walls may be, there is a space where both hands can always meet; this is in the sub-pubic region just behind the symphysis. The hand which is on the outside is placed on the mons veneris with the fingers turned toward the umbilicus. The index and medius of the other hand penetrate together into the vagina if it be large enough to admit them; if not, they are introduced successively. Authors who accuse massage of producing pain or surexcitation probably worked with a single finger; this is a way very apt to provoke either disagreeable sensations, because the surface touched is not large enough, or a voluptuous sensation, resulting from too limited movement, too rapid or superficial. Once the two fingers are engaged in the vagina they should be placed with the back against the perinæum, and the palmar side against the vesico-vaginal wall.

The anterior commissure is in this way carried out of reach of the movements to be executed. These movements (frictions, pressures, kneadings), should always be *slow* and *sustained*; in thus proceeding, massage will only cause the therapeutical effects that are desired. Now, in order to reach and feel one another through the abdominal walls, the hand outside should push back the tissues from above downward, while the hand in the vagina from below upward.

The error of plunging the hand on the abdomen too deeply, and not raising up enough with the one in the vagina is often committed; each one should go a part of the way, and not to await one another. Immediately behind the symphysis the hands are only separated by the walls that they push back and by the bladder, but a little behind, by the uterus, if it be in its normal position; if it be hypertrophied, the slightest movement is repercussed from one hand to the other. Anteversion is the best position for massage of the uterus, and it is in this position that it must be brought, no matter in what one it may be found. In chronic metritis, and in all other affections where neoplasms have caused hypertrophy, the *modus operandi* is as follows: When the organ is lying forward, the fingers which are in the vagina uphold and immobilize it, while the hand on the outside performs a series of frictions on its posterior surface; then the fundus is enclosed between the fingers so as to press it concentrically, the same way as expression in obstetrics. If an infiltration of the pericervical cellular tissue exists, the outside hand grasps and lowers the uterus so that the fingers in the vagina can make slow and gentle "passes" around the neck. In applying massage to the borders of the uterus, it is pushed laterally by the hands joined together on the side of the organ; the lateral parts thus become more median and accessible. When the uterus is in pathological ante flexion or anteversion, that is to say, so that it is immovable in such a way as to prevent its being entirely raised up, or to correct the ante flexion, it is necessary, besides the massage

properly speaking, to have recourse to passive gymnastic movements. The fingers placed on the abdomen are slowly moved behind the symphysis so as to come upon the fundus uteri; those in the vagina immobilize the cervix, and both operate in opening the anterior angle until a retroversion even is accomplished. These manœuvres are repeated several times in each séance, and from one séance to another the doctor should attempt to increase a flexion just the reverse from the pathological flexion. Sometimes these gymnastics place the uterus normally and the excessive polyuria disappears. Nevertheless, it cannot be concealed that anteflexion caused by altered tissue of the walls (atrophia, sclerosis) is ordinarily incurable. Massage could have but a temporary effect, on account of its resolvent action on concomitant inflammations. As to anteflexions originating from peritonitic neo-membrane, membrane which keeps the fundus attached to the pelvi-peritonæum, the diagnosis is more easy. These neo-membranes are not often found on the median line; they are generally to be found in the antero-lateral parts, uniting one of the sides of the uterus with the pelvic serous membrane of the same side; they stretch when the uterus is drawn or pushed back in an opposite direction. By means of the movements that you communicate, you will quite

easily determine the points of adhesion. The massage in this case consists in kneading the parts where the formations exist, in order to produce absorption and movements of the uterus and to effect rupture of its ties. A posterior pelvi-peritonitis leaving membranous formations, which unite the inferior segment of the uterus with the posterior wall of the pelvis can cause anteflexion or anteversion; it also holds good for a pelvi-cellulitis, shortening Douglas' ligament. In this case you draw the organ gradually, gently with both hands toward the symphysis; with this treatment is added massage of the posterior pelvic region, where the membranous formation or old parametritis exists.

In the work by Dr. Profanter, there is an observation where the subject was cured after fifteen days' masage; the figure given represents schematically a case of posterior parametritis located on the level of the left fold of Douglas. The uterus is deviated by traction and a marked anteflexion is also produced.

The uterus, which before was immovable, could, after treatment, be brought back behind the symphysis; all symptoms disappeared. In anteversion the "masseur" proceeds as in anteflexion; his object should be to swing the body of the uterus behind, while his fingers, placed in the posterior cul-de-sac, aid in accomplishment of rotation in bringing the cervix in front.

**Massage in Gynæcology.**

**Massage of the sides of the Pelvis ; Massage in the posterior parts of the Pelvis ; Massage of the Dilated Uterus ; Treatment of Prolapsus Uteri by Massage ; Elevation of the Uterus ; Leg Gymnastics ; Patting.**

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GENTLEMEN:

LECTURE II.

TO-DAY we will commence by massage of the sides of the pelvis. To apply massage to the left side of the pelvis the operator should place his left hand in the vagina and his right on the belly. To treat the right side he will proceed *vice versa* ; otherwise he could not work easily with the palmar side of his fingers. If the parts to receive massage are situated high up in the broad ligament you must not exaggerate the anterior inclination of the uterus too much, for it would draw the upper side of the ligament behind the pubis, which would hinder us in our undertaking. The more that the massage is carried to the sides and behind, the more the difficulties become great : the long circle becomes higher, so that the distance that the hands must go over in order to meet, is considerably more. If the regions to receive massage are voluminous, this difficulty disappears. If they are movable, they may be brought more or less on the median line. I shall here repeat in a general way what I have already said about massage of the anterior part of the pelvis. When old exudations and tumefactions have their origin in the peritonæum they are easily massaged from the abdomen ; but if they proceed from the cellular tissue, *per vaginam* is about

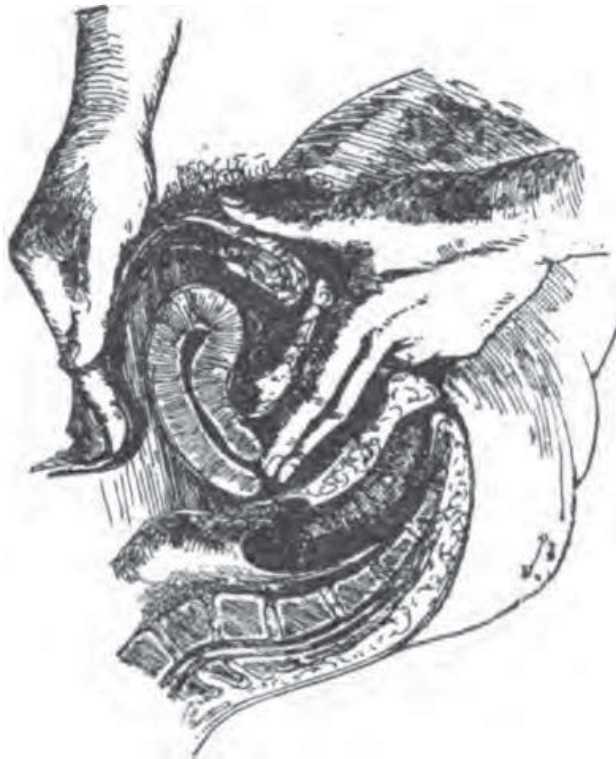
the only way to reach them. Profanter's drawings (Figs. 1 and 2) show very well the position of the hands, in relation to the pelvic organs, in applying massage. Inflammations which are propagated by means of the Fallopian tubes, having penetrated into the peritonæum, cause not only salpingitis but also a local peritonitis, capable of attacking the ovary and the serous lining of all the neighboring parts. This pelvi-peritonitis is quite frequent ; it is the commonest cause of chronic affections that are met with in the annexes of the uterus. The thirteen cadavers destined for our exercises in operating were collected in the hospitals, where there is no special gynæcological division ; eight of them present a layer of pseudo-membrane more or less developed and thick, and which have for centre of adhesion the external orifice of the ovarian tube. This fact shows the frequency of lateral pelvi-peritonitis. These membranes make the organs deviate from their normal position, envelop the ovary completely and displace it to such a point that its relations with the tubal orifice are lost. The intestinal coils are sometimes included in the pseudo-membranous network. Functional disturbances and pains due to such pelvi-peritonitis are



most varied, but this is not the place to describe them. They are characteristic enough to draw the attention of the physician. In examining women under anæsthesia you will nearly

them. (Fig. 3.) In palpating the side, it is ordinarily less supple; a diffused mass is felt in which you cannot isolate or recognize the parts which ought to be felt (the tube, ovary, etc.).

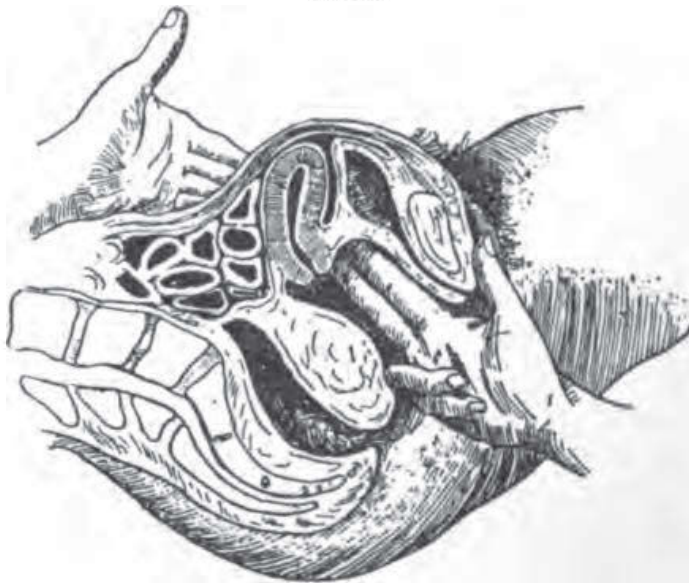
FIG. 1.



Uterine Massage. Position of the Fingers.

mass is felt in which you cannot isolate or recognize the parts which ought to be felt (the tube, ovary, etc.).

FIG. 2.



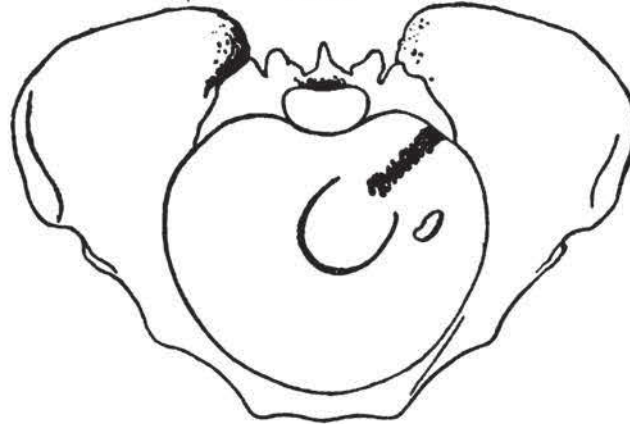
Massage of the Uterine Appendages.

always be able to remark the position of these inflammatory foci or traces of If you apply massage to this region you will gradually begin to perceive the

organs. Those which were primitively encompassed and amalgamated, so to speak, by the false membranes become free. This is evidently the sign of resorption. I am in the habit of terminating each séance of massage by an intra-uterine douche of a tepid

massage I believe I should have had as good results at much less expense. The false membranes, in general, have not enough vitality and organization to resist the powerful action of massage. I am persuaded that by massage, associated with tepid and anti-

FIG. 3.



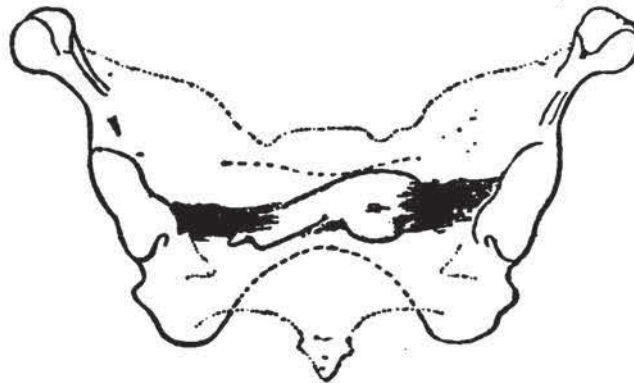
New Membranes Following Pelvi-Peritonitis.

solution of corrosive sublimate (two litres and a half), if I have reason to believe that the tube is involved.

All that I have said about the propagation of virus by the tubes explains the reason for this precaution. I remember two cases of lateral tumors

septic intra-uterine hydro-therapeusis, one can obtain, in certain diseases having an inflammatory or virulent origin, results equal to those of modern operations. Lateral parametritis leaves indurations in the broad ligaments which immobilize, displace and some-

FIG. 4.



Adhesions Holding Uterus.

where I made an exploratory incision. In one I only found a mass composed of intestinal coils firmly adherent to the tube and ovary; in the other it was an old hæmatocele. I obtained in both of these cases a perfect cure; if I had had recourse to

times double the uterus on itself. Massage by friction, kneading and movements is very beneficial to lessen and to do away with the primary cause of this deviation. Cases are to be found in which, thanks to old perimetritis and parametritis, the fundus

is fixed to one side, while the cervix is deviated to the other, so that the organ is ankylosed in a completely transverse position. Fig. 4, from Profanter, illustrates a similar case cured by a treatment of thirty-two days.

*Massage in the Posterior Part of the Pelvis.*—The outside hand can only reach the concavity of the sacrum by compressing forcibly the abdominal walls; on the other hand, the finger in the vagina can only reach the retro-uterine region by a forced extension. Massage of immobilized parts *in situ* is, consequently, very difficult; for the efforts paralyze the elasticity of our movements and the pressure dulls our tactile sensibility. When the tumefactions are small they are naturally more accessible. If the mass is low enough to be pushed back the concavity of the sacrum furnishes a support on which one can operate. Inflammatory processes of uterine origin which arrive in the peritoneal cavity *via* the tubes often produce posteriorly around the folds and in Douglas' sac inflammations similar to those found laterally. I have often had occasion to use massage for such cases. The manœuvres which gave me the best results are simple passes, slowly performed, by which the mucous membrane of the cul-de-sac near the diseased parts is leveled off. The indurations and doughiness of the retro-uterine cellular tissue is absorbed and gradually rendered supple from one séance to another; the tolerance for the manœuvres becomes greater, and after a time you can operate with frictions around the cervix, which is now movable.

I shall now take up the manœuvres destined to correct retro-deviations

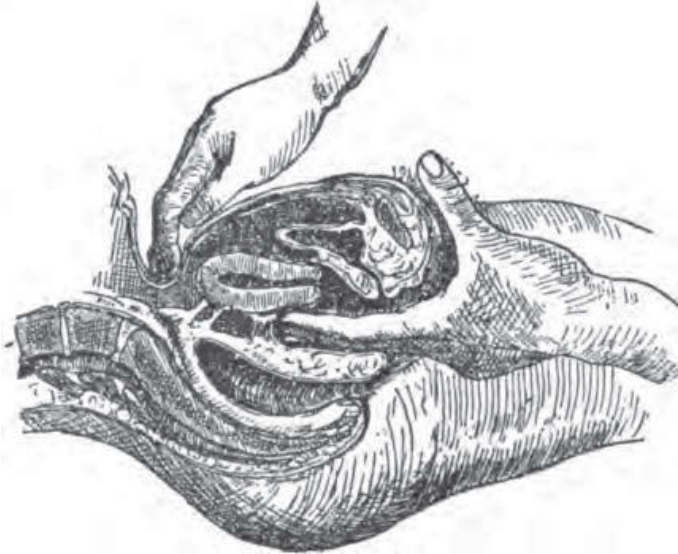
(versions and flexions). Two cases may occur—that in which the uterus is movable and that where it is fixed. If movable, the massage consists in effecting its reduction at each séance; then once inclined forward, you should work bimanually in order to incline it strongly several times on the bladder. You will also apply massage to the folds of Douglas and the surrounding tissues, so as to strengthen the parts which suspend the uterus behind. If the uterus be fixed, you must, first of all, free it by mixed massage, as I have already described. If it resists, you must dilate the uterus and operate in its cavity according to the method that will be explained farther on. In general, when there are fixed deviations, the massage should consist in passive gymnastics tending to make this organ execute progressively the movements to which it is susceptible in the normal condition. You will proceed as with an ankylosis of an articulation.

The first movements are the most difficult to determine; but insensibly the oscillations become greater, either by extension of the immobilizing tissues or by their entire absorption. These deviations are ordinarily the cause or the result of intricate pathological processes which must be discovered and dealt with according to their nature. If the uterus is hypertrophied by catarrhal or parenchymatous inflammation, tepid and antiseptic intra-uterine douches should be employed. If the tissue has sustained atrophy or degenerations, which have modeled it into an abnormal form, so to speak, intra-uterine correctors are indicated. Generally there are hyperæsthesiæ dating from a chronic inflammation, which do

not allow the patient to tolerate a pessary which would be useful in the point of view under consideration. A few séances of massage generally produce this tolerance.

which usually indicate massage of this region. Massage has been employed with great success in hæmatoceles of long standing. Fig. 6 represents a tumor of this kind. This

FIG. 5.

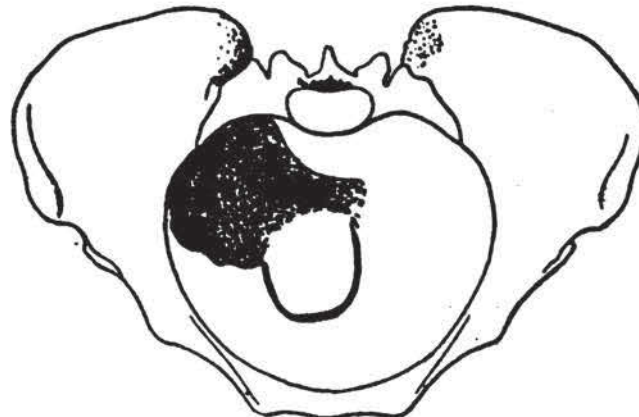


Massage of the uterus performed for the destruction of retro-uterine adhesions. The hands are reaching toward each other, so that the outside one can touch the posterior side of the uterus.

To use massage in the latero-posterior regions, that is to say, in the direction of the sacro-iliac symphysis, the outside hand is placed on the side; it compresses the walls until

the description given by Profanter of his case. "The uterus is in anteflexion, situated in the median zone. At the right of and behind the uterus is felt a tumor which descends to the level

FIG. 6.



Peri-Uterine Hæmatocele.

it meets with the other hand, which pushes the posterior cul-de-sac laterally and upward. (Fig. 5.) Old posterior peritonitis, neo-membranes which retain the uterus, are those

of the ischiatic spine, and which does not quite reach the superior strait of the pelvis; the portion that can be reached by the lateral cul-de-sac is hard and uneven. Immediately be-

hind the cervix can be felt a furrow between the tumor and the uterus ; at the left it depresses the median line and is not painful on pressure." After a fourteen days' treatment the uterus was free and movable, the hæmatoma having completely disappeared. As to the exudations at the periphery of the pelvis they may be pressed by massage against the interior surface of the pelvic bones, which furnish a point of opposition.

We now come, gentlemen, to massage of the dilated uterus. When we could only dilate this organ for a very short time, there could be no question of a prolonged treatment by massage practised by the introduction of a finger into the uterine cavity and a hand working on the abdomen. Thanks to my method, which permits the dilatation to be kept up, you can now practise and repeat at will all kinds of intra-uterine digital manœuvres, and especially those which consist in giving to the organ movements in different directions and in operating directly on the walls by palpations, bimanual frictions, and kneadings. We have already seen that chronic peritonitis is one of the commonest sources of deviation. These adhesions of peritonic origin are attached in general to the most elevated part of the womb. If you penetrate with your finger as high as possible in the uterine cavity you could exercise more topical actions than by the see-saw movements or by pushing back the organ in totality. In order to penetrate into the uterus it must be drawn down ; now, it is just these downward tractions which help in determining the amount of mobilization which, never forget, is the aim and end of all orthopædic treatment.

Once the uterus is accessible, the movements to be performed are not necessary to be described again.

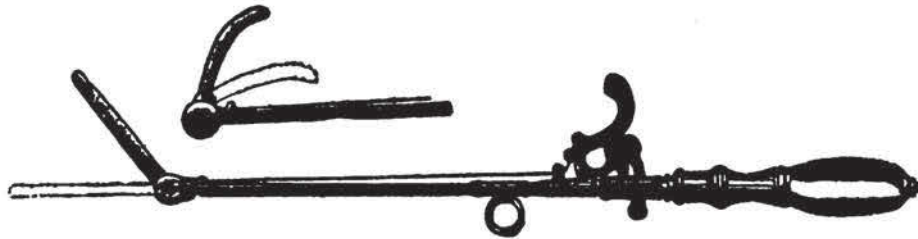
After a séance of three or four minutes the cavity is irrigated, and tampons are packed in to keep the organ dilated for the next séance. Schultze has already indicated a manœuvre for breaking the adhesions which hold the uterus back. It consists in dilating the uterus, in introducing the finger and causing either a rupture or a forced extension of the neo-membranes. The finger lifts the uterus or flexes it in the opposite direction from the one in which it is fixed, while the other hand, working by the abdominal wall or by the rectum, exercises contra-tractions. It is evident that the indication for this manœuvre cannot be disputed. No matter how violent it may appear in the first place, it is much less so than other operations which are performed to-day to remedy certain obstinate retro-deviations. In associating the dilatation by means of tampons with the method of Schultze, you can obtain an excellent result. Nevertheless, dilatation to the extent of allowing the introduction of the finger is not always easy to effect, in a uterus fixed in retro-flexion or in external retro-version. I can hardly believe an entire and lasting disengagement of a uterus under these conditions can often be accomplished by a single dressing.

Four years ago, I proposed a uterine curver with which I could penetrate into a uterus flexed to the utmost and give it a flexion diametrically opposed to the pathological one. (Fig. 7.) This instrument consists of a stem six centimetres long, articulating with a long handle. This being movable, can turn a complete circle on its articulation.

It can be made immovable at any point, like Sims' straightener. Besides, the movable stem is flexible, and by the means of a certain mechanism it can give a most pronounced curve; a pressure screw allows of the fixation of the curve as well as the inclination of the stem. Suppose a uterus in retroversion and retroflexion; you commence by inclining the mova-

bring the uterus forward. You can also gradually bring a posterior angular flexion to that of an anterior flexion of the same degree. It is not to be accomplished in one séance; but I hold that by dilatation by intra-uterine tamponing, which also tends to straightening, I can renew at will the manœuvre. In fact, this instrument is, in the point of view of Schultze's

FIG. 7.



Prof. Vulliet's instrument for curving the uterus.

ble stem on the handle until you obtain the same angle as the one formed by the vaginal axis with that of the uterus; the instrument is introduced into the cervix. When it reaches the level of the bend you put in action the mechanism of flexion, which curves the stem to fit the curve of the canal as previously ascertained by a sound. Thanks to this disposition, a complete penetration is made much more easy.

method, nothing more or less than an artificial finger having an easier introduction than the real organ; it offers still more, the advantage of longer application at a time. By supporting it by iodoform gauze packed in the vagina, it can be left for several hours in the uterus. I have not described my "uterine curver" merely because it is above all an instrument destined to obtain movements and flex-

FIG. 8.



Miller's Instrument.

When the stem has entirely disappeared you let go of the spring; it will straighten itself by the force of its own elasticity. By pressing on the articulation of the instrument, you will be able to put the intra-uterine stem in continuity of axis with the handle. At this point you turn it on its axis, and you commence either to make an anterior curve or to

ions which belong in the domain of massage and passive gymnastics; it can be employed in all kinds of uterine deviations. Dr. Alexander Miller, of Cincinnati, has invented an instrument which seems to me very ingenious. I mention it here, because its properties make it an agent for mobilizing a fixed uterus. (Fig. 8.) It is a sound, the length of the uterus,

and screwed to a thimble; it is introduced in the dorsal or genu-pectoral position.

When the sound has penetrated completely into the uterus you give it a "see-saw movement," and push *ad libitum* the organ in different directions. The thimble fulfills with advantage the handles of other instruments, the force acts more directly and the finger exercises an efficacious control over the movements given to the uterus. This manœuvre does away with dilatation; it can be renewed as often as necessary to get a durable result. But, on the other hand, the ante-curve cannot be obtained as with my instrument.

As to the treatment of prolapsus uteri by massage, the Swedish masseurs pretend to have cured them by its employment only, without resorting to operations or the pessary. This pretension seems to me exaggerated. In cases of recent date it may be possible to obtain this result, and, furthermore, it does not necessitate the vagina and perinæum too being mutilated. Massage employed for prolapsus has the three following manœuvres: 1. Elevation of the uterus; 2. Leg gymnastics; 3. Patting on the lumbar region. Elevation of the uterus, executed according to the rules of Swedish massage, obliges the help of an assistant, who operates per vaginam, reduces the uterus and holds it in normal anteversion, while the operator presses in laterally the abdominal walls until he can clasp the organ with both hands. Holding the organ, he raises it in the direction of the epigastric pit. When the elevation has arrived at its maximum he releases the womb, which slowly returns to its former position; the assistant follows the retreating

movement and prevents the uterus falling into retroversion by means of his finger. I omit an assistant. My pessary for prolapsus holds the uterus sufficiently to seize it, and when it is released after elevation its return to normal anteversion is assured. Each séance permits several elevations to be made.

The usefulness of leg gymnastics is explained by the contractile solidarity which exists in the adductors of the thighs and the intra-pelvic muscles, in particular the levator ani. When the adductors contract energetically, the levator contracts as well. If you understand the rôle that this pelvic diaphragm plays in the retention of the genital organs, you will see that it is advantageous to strengthen it by the following exercises: The patient having drawn together her heels and knees, the operator seizes the knees and tries to separate them while the patient resists. Then, when the separation is produced, the patient tries to bring her knees together, the operator making an opposition. This is gymnastics by contradictory movements.

*Patting.*—All the lumbar region is percussed by the external side of the hands, performed by quick blows, as in chopping. The pats and "hatchings" only play a secondary rôle. I have treated five cases of prolapsus by the manœuvres already described. In two cases in which the procidence was not complete, I rapidly obtained decongestion of the uterus and strengthening of the ligaments. The uteri are actually (after eight and three months respectively), in a nearly normal position, even when the patient coughs standing up. In both the cervix was at the vulva, but not de-

pressing it. The cavity was not lengthened; it was, therefore, a descent of the whole organ, and not an elongation. In the others I had to deal with the real hypertrophic elongation of Huguier (the most frequent form of prolapsus). One uterine cavity measured fourteen, another fifteen and a half, and the third seventeen centimetres in depth. It recovered quickly its normal proportions under the influence of massage and repose. But this does not convince me, for I know, from long experience, that when one assures a retention of the uterus by an apparatus which replaces it as to height and normal anteversion, it quickly resumes its ordinary length. I have seen this shortening many times produced under the influence of my pessary for prolapsus. This, however, has happened to me when, after a certain time, I wished to remove my apparatus; when the patients got up, cystocele and rectocele were developed, the uterus lengthened and descended as before.

Prolapsus by elongation is produced because all the parts situated above Douglas' ligaments remain in place; these ligaments do not yield at all, or at any rate very little; it is caused by increase of the portion of the uterus situated below the ligaments, thus resulting in a lengthening; it stretches because the inferior pelvic floor being weak cannot any longer support the vagina and bladder, and at the same time resist the abdominal pressure. It is proved that external massage and gymnastics have a tonic and resolvent action on the

muscles and on the pelvic tissues; it is certain that internal massage can strengthen Douglas' ligaments; but all this, if it were obtained, would not be sufficient, for it is the inferior enclosure of the abdomen which is damaged, and I do not see how massage can restore or supply what is wanting.

En résumé, gentlemen, gynæcological massage applied with prudence and skill can render very great service to therapeutics. It is evidently not an infallible practice; but orthopædic apparatus and operations are not any more infallible. We cannot deny that anterior or posterior colporrhaphy, even when combined with Alexander's operation, do not fail sometimes to cure a prolapsus uteri. The treatment of flexions gives a still more contingent result. We cannot fail then to take seriously to heart a method which places new resources at our disposition, and which has already received the sanction of experience. The tissues on which one operates have in reality nothing special in their nature. What is efficacious in making pliant an articulation or in resorbing a swelling in another part of the body cannot be illogical or dangerous when it is employed in like processes of the genital and pelvic organs. I will mention an accessory advantage which has nevertheless its importance for us. Nothing develops the tactile acuteness as much as in practising massage; I do not know of a better school for perfecting oneself in bimanual explorations.