CHAPTER XIII.

DISEASES OF THE GENITO-URINARY ORGANS.

A. Diseases of Women.*

Gynæcological massage, which is generally known now throughout most of Europe and a part of North America, owes its introduction chiefly to Major Thure Brandt,† a retired Swedish army officer, who is still living. This form of treatment

* The exposition herein set forth is based on a very limited personal experience, though I have gained that experience, in the first place, by seeing Brandt give massage several times, and later on by applying massage myself in my own practice, to a series of parametritic and perimetritic exudations (chiefly in 1884-85). My account of the technique faithfully sets forth the essentials of Brandt's method. Even those features of it that I look upon as unimportant and mischievous, are set forth for the sake of completeness and of just criticism. I have likewise described the treatment of prolapsus (descensus) uteri, according to Brandt's very peculiar method, in just the way that Brandt was good enough to demonstrate it to me. Though I have had no experience with this particular form of the treatment, Brandt has achieved strikingly good results with it; results, moreover, whose genuineness has been indisputably determined. I have cited under each disease an appropriate case taken from the account, published by Dr. Profanter, of cases treated by Brandt himself, under the control of Prof. B. S. Schultze (of Jena). Profanter's accounts are based on the journal-notes made by Schultze on Brandt's cases. Owing to their complete and generally recognized credibility, these cases are of great importance.

† Certain forms of massage of the uterus, *e. g.*, rubbing upon the belly-wall in order to allay post-partum bleeding, are of immemorial standing, in all probability. Certain French physicians—Caseaux, Laisné, Phelippeaux, Recamiers, Valleix—in our own day, have recommended or employed massage, contemporaneously with or even somewhat before Brandt, in a notable number of different abdominal diseases peculiar to women. But such occurrences were quite rare in France, where this form of treatment, even in 1870, aroused peculiarly violent opposition on the part of the authorities in medicine. (See Norström, Massage de l'uterus, Paris, 1889, page 7.) The merit of being the first to force the treatment, so to speak, upon the physicians, through his own wholly independent and energetic labor, and thereby to cause its definite adoption in the field of medicine, cannot be denied to Thure Brandt. This man, who is the most meritorious of Swedish gymnasts now living, took his first steps in the mechano-therapeutical path as long ago as 1847, though his first labors in the service of gynæcology date from 1861. His activity in this field immediately aroused great attention, which, as may be readily imagined, was very dissimilar in its character. Brandt's writings, which are not wholly free from the faults common to "gymnasts," and show marked traces of layman's workmanship, and which do not accord with his practical efficiency, which is in many respects highly meritorious, contributed to render the Swedish physicians unfavorably disposed toward him. Many of them went too far in their wholly natural attempts to uphold the medical faculty as the "sole source of salvation," and laid themselves open to the reproach of passing judgment on a matter which they had not thoroughly investigated. Moreover, the judgments uttered against Brandt were, in a measure, partly or wholly unjustifiable and, in a measure, rather silly. For example, it is hard to understand why the Brandt-treatment should outrage female modesty any more than our examinations and therapeutical measures that are necessarily "inconsiderate of" and disagreeable to those concerned in them. Meanwhile Brandt (who made himself

has become so well accredited during the last few decades that no physician can afford to ignore it.

In gynæcological massage, which, be it said, usually constitutes only a part of the manual treatment in abdominal diseases of women, the principal manipulation consists of frictions. These are employed for the most part to remove the residual effects of inflammation; but, sometimes, recourse to them is had for the sake of exerting an influence upon torpid inflammatory processes or to remove extravasated blood.

Inasmuch as the treatment* of these conditions is the same and wholly accordant in all cases, I shall consider it at this point once for all, for the sake of simplicity and directness, and then subjoin such remarks regarding it as are particularly called

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thoroughly familiar with the anatomy pertaining to his work, and, aided by great natural talent, acquired remarkable skill in palpation and manipulation) gained an extensive practice, and effected many happy cures. In 1870 the talented Dr. Sven Sköldberg, since dead, took full cognizance of the "Brandt-method" (which Brandt, who is still extraordinarily energetic, though over seventy, now as ever demonstrates with great readiness to every one who can make good use of it). This facilitated the introduction of the method to many Scandinavian physicians and gynæcologists. Netzel and Sahlin, in Stockholm, Asp, in Helsingfors, and Howitz, in Copenhagen, took up the massage, and in this connection I must also make recognition of Nissen, of Christiania. On the continent Mezger was also active in this field, but Bunge was the first to write anything serviceable about it. Bandl, Hegar, Martin, Schröder, and other gynæcologists of great authority, by their recognition of gynæcological massage, soon contributed greatly to its spread; and in addition a considerable number of German physicians obtained from Brandt himself a knowledge of his method. In America, Reeves Jackson has done good service in the same line. An important step toward the final establishment of the standing of this procedure was taken in November, 1886, when Brandt, at the suggestion of Dr. Profanter, who had seen his work in Stockholm, went to Jena, where he personally treated a series of cases exclusively by his own method, but under Schultze's careful control. There is no doubt that these cases, Profanter's published accounts of which were taken from Schultze's journal, will win recognition for the method, so far as such recognition remains to be won.

* In the German literature on this subject some outrageously unfair utterances are to be found concerning Brandt's massage. It is scarcely less provoking to find authors who have written concerning massage in gynæcology and set forth its indications, contra-indications, prognosis, "casuistry," etc., in a detailed way, completely neglecting the technique, of whose nature they are fully cognizant, since they state, with great presence of mind but with little justice, that the manipulations must be seen to be understood, and cannot be apprehended from any description. But the truth is that it is a particularly easy matter to describe gynæcological massage, so that any one who is versed in his anatomy, and is furnished with approximately normal powers of comprehension, can understand how it should be carried out. I should like to know what in the world there is to hinder a physician, with any skill whatever in palpation and diagnosis, from beginning to massage his own cases and gradually becoming expert in this treatment, being guided by a description of the *per se* extremely simple manipulations. The most essential difference between his first and last performances in this domain may well consist in this, that he will be somewhat slower at the beginning in attaining his results. It is pure nonsense to consider massage as a horribly difficult thing *per se*, and it is wholly unjustifiable to make a secret of the way in which it is performed.

for under the head of each separate form of disease, together with a description of one or two apposite cases. Brandt's treatment of prolapsus of the uterus will thereafter be specially considered by itself, as it deserves.

During the massage-sitting, the patient lies upon a couch with her head, and preferably her buttocks also, somewhat raised, her legs are flexed, and, like her feet, whose soles should rest throughout their whole extent upon the couch, are abducted. One purpose of this position is to render the abdominal wall relaxed. The masseur sits on the patient's left, close to her pelvis, with his face turned in the direction of her face. This position enables him to pass the left forefinger with ease under the patient's thigh and to introduce it into the vagina as far as the posterior fornix, so that he can lift the uterus and its adnexa, particularly those parts that require massage, and support them against the abdominal wall and his right hand, with which he performs massage upon the same. The left hand should be held open with the last three fingers along the perineum, the thumb somewhat removed from the symphysis pubis, and the forefinger (leaving out of account the slight movements requisite for lifting the different portions of the uterus, etc., against the belly-wall) immovable in the vagina, against one of its side walls or the posterior wall, never against the anterior wall. This is also an extremely convenient position in which to make an examination by means of palpation. With the middle three fingers of his right hand placed together, the masseur makes pressure through the abdominal wall upon the part to be massaged, and executes small, circular frictions, similar to those described under abdominal kneading (see page 48), in accordance with the ordinary rules of procedure, of which rules we will repeat only one here, viz.: that the manipulation should be begun on the side nearest the vascular centre. This form of manipulation seems to me to be the only essential one in those cases where our sole object is to remove exudations or infiltrations.

In a numerous class of cases where, in addition to residues due to inflammation, we have to deal with a change in the position of the uterus or a diminution of its mobility, the massage must always be supplemented by other forms of manipulation, long since customary in gynæcology, whose purpose is to stretch

shortened or shrunken tissues. I shall consider them more in detail further on.

When he has introduced his left forefinger into the vagina and placed his right hand on the abdomen in the position described above, Brandt begins the sittings with strokings executed by the right hand over the underlying lymph-vessels, in order to quicken the circulation within them and to empty them somewhat of their contents. When we consider how unfavorable the anatomical conditions are for securing this end, the procedure in question can hardly be of great value.

Brandt is particular, under all circumstances, to work with only one finger, namely, the forefinger, in the vagina. Various physicians, who have made much use of this form of massage, usually introduce both the forefinger and the middle finger into the vagina. At first I found this method better and less tiring, but later I gradually accustomed myself to use the forefinger alone.

Towards the end of the sitting Brandt causes the patient, by her own exertion, to raise her buttocks and the lower part of the back from off the couch, so that she touches the latter only with her neck, the upper portion of her back and with her feet. While she is in this position, he executes certain abduction and adduction resisted movements with her legs, *i. e.*, he causes the patient to make the movements named, to which he interposes a certain amount of resistance by grasping both the patient's knees with his hands. By means of the abduction movements he aims at leading the blood away from the pelvis. Brandt uses resisted-adduction in order to strengthen the floor of the pelvis; hence they belong properly to the treatment of prolapsus, to which we shall recur later.

Finally, at the end of the sitting, Brandt employs certain forms of "laying on of the hands" and of "nerve-pressure" (over the pudendal nerves) in order to allay irritation, or, as it were, "to smooth over the whole procedure," which manipulation may *surely* be omitted with advantage, and, according to my way of thinking, *should* be omitted, for obvious reasons. Still it must be allowed that there is much of exaggeration and injustice in the reproaches often brought against Brandt, on the ground of his not fully comprehending and forefending the danger of producing sexual stimulation of the female genitals. For example, I have never seen Brandt employ the notorious "vaginal-vibrations," and when I asked him about them he replied that he never employed them.

In young persons and virgins the required support is obtained by placing the forefinger in the rectum instead of the vagina.

Sittings in gynæcological massage vary in length according to the nature of the case in hand. Their mean length may be given as about fifteen minutes. The patient should empty her bladder just before the sitting begins. When the manipulation is executed per rectum that must also be empty.

Touching the contraindications against abdominal massage, the reader is referred to the general considerations set forth on pages 71–73. I will only remind him, here, that pregnancy in all its stages must be considered a positive contraindication; and that the same considerations hold good that are valid in all

inflammatory processes, above all in those that are purulent, *e.g.*, gonorrhœa. In gynæcological cases the effect of massage upon the nervous system may not infrequently forbid our continuing it. Finally, it is self evident that we should not give massage during the menstrual period, partly because the treatment is too disagreeable for the masseur and the patient alike, and partly because it is certain to increase the flow of blood.*

Gynæcological massage belongs, with extremely few exceptions, to the physician: this dictum is none the less justified because this form of massage chiefly owes its first entrance into the world to a layman. It presupposes, even with adequate knowledge of the pertinent normal and pathological anatomy, a far from easily attained skill in palpation and diagnosis, and demands, in a higher degree than any other form of massage, a knowledge of all possible accidents that may arise,—this can only be gained from tolerably extensive medical studies. It is my positive conviction that no one who does not possess such knowledge can perform gynæcological massage without, at least in the beginning, paying pretty dearly, at his patient's expense, too, for the requisite caution that can only come through one's own experience in such cases. If the physician in cases of this kind will not or cannot himself give the massage, then he ought to renounce treating the case in this manner, or else send his cases to a medical colleague.† Most may well be strongly inclined to seize upon the latter expedient. Pelvic massage is extremely fatiguing, especially for the finger or fingers employed to lift the uterus against the massaging hand. Since it has other peculiarly disagreeable features in addition, a non-specialist easily becomes tired of it, and is glad to avoid it.

Pelvic Exudations.—Parametritic and perimetritic exudations, especially the first named, are the forms among female pelvic diseases that are, above all, adapted for massage. There exists, nowadays, a tolerably large number of gynæcologists who are in a position to compare the results of their treatment of these affections without massage with the results they have later attained

* Yet there are "massage-specialists" who go so far in their enthusiastic energy that, like Brandt, they pay no regard to either of these circumstances, but give massage also during the menstrual period.

† So far as they happen not to be in Stockholm, and have Major Brandt at hand; for such alone I make an exception.

through the use of the same. The opinion of such concerning the value of massage in this connection may well be quite unanimous. Residues from inflammation are more quickly and completely removed than by any other means; and with them the danger of a relapse, for the most part, also disappears. So far as the simultaneous changes in the position and mobility of the uterus are concerned (to which I shall return below), we must admit, without reserve, that *complete cure* is rather the exception than the rule, especially in retroflexion and fixation. But it can be said, on the other hand, that there is usually sufficient improvement to abolish the concomitant annoying symptoms.*

Nevertheless, the treatment is by no means without its perils, so far as parametritic exudations are concerned, and in a still higher degree, as regards perimetritic exudations that are usually combined with them. The danger consists in this: a new inflammation may be caused either directly by mechanical irritation, or indirectly by the expression of the hitherto encapsuled but still irritative elements. The shorter the time which has elapsed since the inflammation was acute, the more imminent are such dangers, which forbid our placing a one-sided and extreme estimate upon the greater ease with which we can massage away

* In this chapter, as in general throughout this work, I have passed over certain uses of massage that I look upon as objectionable. Thus I wholly disregard massage of fibroids, without stopping to consider the diminution in their size, or the diminution of the attendant bleeding which one and another claim to have observed. And I have just as little belief that massage will answer in cases of ovarian cysts of any kind, under any circumstances whatever. Finally, I consider it inexpedient to attempt, by mechanical influence, to bring about bleeding *directly* in chlorotic-anæmic patients suffering from amenorrhœa. Such patients are not anæmic, because their menses have stopped; but the menses and all ovulation have come to an end because of their lack of blood, and this disappearance is to be looked upon as an economical attempt of Nature at compensation. To attempt to cause bleeding in any other way than by removing the primary cause of the affection can not only not be useful to the patients, but must also still further promote their poverty of blood. Brandt treats such patients by means of general gymnastics, which include certain "inciting movements." I hold that the general gymnastics are useful; but can say nothing about the "inciting movements," as I am not familiar with them. The only massage procedure, however, that is employed in this treatment, namely, tapotement over the sacrum, may well be omitted altogether. The fact that patients who receive general gymnastics during the treatment, being frequently placed under new and improved hygienic conditions (they frequently come as travelers to Brandt), are not seldom favorably influenced is no proof of the propriety of attempting to bring about hemorrhage directly. Brandt also treats dysmenorrhœa by means of "inciting" gymnastics and tapotement over the sacrum, a procedure concerning which I do not venture any expression of opinion, owing to my complete lack of experience in the matter. I may also be allowed to disregard the question in this work, on the ground that this treatment belongs almost wholly to gymnastics and not to massage.

fresher exudations than we can the older. When we remember how completely residues of many years' standing may be removed, we should not attribute too much importance to the annoyances which may arise from them should we allow one or two more weeks to elapse, if it seem necessary, before we begin with massage-treatment. The proper time for beginning this varies much in different cases. At the same time we may easily set a minimal interval which must elapse between the last symptoms of the acute inflammation (marked tenderness on pressure, increase of temperature, etc.) and the first massage-sitting. In my opinion such a minimal interval should not be less than two months, and in a large number of cases, in which the examination of the exudation by means of palpation affords an excuse for it, I would wait a still longer time. The characters, aside from the greater age, that distinguish the less dangerous exudations, and may in their own degree serve as an indication, are firmer consistence and a less degree of sensibility to pressure. If this treatment is begun at an early stage of the exudation, one must go to work with extreme caution—much more so at first than later—and stop the massage at the slightest sign that it is occasioning an acute inflammation.

In this connection I take the liberty of calling emphatic attention to the necessity of allowing a considerable time to elapse between other analogous inflammatory processes and the massage treatment of the residues, indurations, etc., etc., that follow them. To talk of massage in connection with the phlebitis and lymphangitis that accompany phlegmona of the thigh, which we call phlegmasia alba dolens, is absolutely absurd. So long as such a process continues it constitutes a most serious contraindication against massage, and can only be considered as a means for removing the residue several months after the healing is completed.

Massage may be performed in the same position and in a similar way to that described already, in case other inflammatory residues occur within the lesser pelvis, or when the existing processes are of a completely torpid nature. Especially in perioophoritis and in oophoritis (which cannot be separated in practice and are therefore considered together here) massage is often employed with advantage. In these cases, too, we remove exudations quicker than by any other means, and with

them the pains vanish; whereupon we may frequently the more easily stretch the existing adhesions and restore the displaced ovaries to their proper position. Enlarged ovaries frequently maintain with stubbornness their increased volume in spite of massage, although, clinically speaking, this is a circumstance of no importance whatever.

In a work of this sort, it is, however, of much more importance to point out the dangers of massaging enlarged ovaries than to set forth the indications which affections of this nature may present for massage treatment. Massage in these cases is of comparatively little significance. To begin with, the diagnosis demands an amount of skill in palpation which among general practitioners is possessed by the minority only, perhaps; and those of us who are able, in these conditions, to exclude changes in the tubes, which may entail great peril upon mechanical interference in their neighborhood, are still fewer in number.

So far as inflammatory processes and their sequelæ in the tubæ are concerned, I hold that they constitute a contraindication against massage in their immediate neighborhood, even for the great majority of physicians. I will not wholly oppose the idea that various inflammatory changes in this connection may be successfully treated by means of massage, or that they have been so treated in very many cases; but to distinguish the cases in which this may happen without danger, from those in which it involves more danger than advantage, is a problem that may present great difficulties, even for a specially-trained and skillful gynæcologist. If a purely serous, salpingitic exudation is evacuated through the abdominal orifice of the tube into the abdominal cavity, the event is not a dangerous one. Frequently, too, one of the cyst-like expansions of the tube may burst without its thereby giving rise to symptoms that should cause anxiety. If, on the other hand, never so small a purulent exudation capable of starting an inflammation flows over the peritoneum, then we must face an event of the gravest nature, that suggests the immediate prospect of a peritonitis. There are cases, in the unwritten annals of gynæcology, which have come to my knowledge, that demonstrate these very dangers.

Salpingitic processes, in the future, as in the past, will assuredly give the surgeon more to do than the masseur; even though a

routine specialist may be able, by means of massage, to remove thickenings, swellings, and the sensitiveness which they occasion in the tubæ.*

Parametritis posterior chronica. Oophoritis chronica. Cystitis levis (*Brandt's† case, reported by Schultze, published by Profanter*). Charlotte J., 20, single. Previous history: had the usual diseases of childhood; has frequently suffered from throat troubles; menstruated first in her thirteenth year. In her eighteenth year her menses became irregular, with intervals of five to six weeks; the flow of blood, which lasted five or six days, was moderately copious, but was unattended with pain. From her nineteenth year her menstruation has been regular again. Since the end of August, 1886, the patient has suffered, outside the menstrual period, too, from a dragging sensation in the abdomen, which is most severe toward evening; from painful urination, and burning after it. She is obliged to urinate ever half-hour when up, and every two hours when lying down.

The patient is fairly well-nourished; her mucous membranes are rather pallid; so is her countenance. Abdominal wall taut; no striæ; slight inguinal hernia on the right side. Perineum intact; hymen without any deep lesions, has an erosion to left of it. Introitus vaginæ pervious to two fingers. Vaginal portion narrow and situated at the level of the spinal line. Uterus anteflected at an acute angle, normal in size, not painful. Movement of the cervix impeded anteriorly, resulting from a left-sided posterior parametritic exudation; left ovary hard, moderately large, painful. No painfulness to the right of the uterus. No. 4 sound passes only as far as the internal orifice; No. 3 passes through a distance of seven centimeters without resistance.

At first the patient is put to bed and is given tampons of glycerine and iodide of potassium, warm salt-fomentations, enemata, and washing out of the bladder. Brandt began his massage November 18, when all other treatment ceased. The uterus is fixed posteriorly; the left fold of Douglas is tense, shortened, much thickened, and painful; the left ovary is also tender on pressure; the abdomen is tense; she has frequent micturition, constipation, sense of pressure in the head, and cold feet.

The treatment consisted of massage like that described above, together with stretching of the shortened left fold of Douglas. From November 20 on, the movements of the bowels were regular. Micturition is less frequent, and there is very little pain after the evacuation of urine. November 21, 22, and 23 the patient was away on a journey. November 24 the treatment was resumed. On November 25 the uterus can be very easily placed in the median position and put straight; the left fold of Douglas is only slightly sensitive on pressure and is of nearly normal thickness. The patient, by her own wish, was discharged on December 4 and reported for the register: "urgent micturition and painful urination have completely disappeared; so, too, chilly feeling in the legs, and the headache has abated. Movement of the bowels is wholly regular, and I feel completely well. Have no pain under massage or examination, or otherwise."

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* See, further, Theilhaber's article in the Münchener medicinische Wochenschrift, 1888, Nos. 27 and 28; and also Winawer's article in the Centralblatt für Gynækologie, 1888, No. 52.

† In making use here of one of the Brandt-Schultze cases, I would remind the reader that Brandt (as I can testify myself) is able, on account of his extraordinarily perfect technique, to attain quicker results than a less expert masseur can bring to pass.

On examination the uterus presents an acute-angled anteflexion, with the fundus to the left of the median line. The uterus can be moved anteriorly nearly to the symphysis pubis without causing pain.

It is proper, in connection with the influence of massage upon inflammatory residues in the neighborhood of the uterus, to speak also of its influence upon the displacements and the diminished mobility of the same. Every one, who has made himself familiar with massage, will readily admit that it is in just these numerous cases of displacement from inflammatory residues that a particularly important part in the treatment falls to the lot of massage, and that here we are justified in expecting relatively good results from its use. Here, massage should always be used in connection with other manipulations, that do not belong to massage, which, however, are made use of in order to strengthen shrunken parts. With displacements which are caused by means of tumors within or without the uterus massage has nothing to do. In congenital conditions of this kind, as well as in those conditions which depend upon relaxation in the adnexa, the worth of massage, which for the present cannot be absolutely determined, is, without doubt, much less than in exudative cases; and it is best, even in the last-mentioned cases, not to form too favorable an opinion of its remedial power. Partly by reason of my own experience, partly and preponderantly by reason of specially trustworthy information derived from others; I venture to say most explicitly that the prognosis in the massage-treatment of such displacements, so far as a literally complete restitution is concerned, is tolerably unfavorable. In most cases we must content ourselves with a relative cure, which, indeed, by itself alone, is of great value to the patient. As I have had the opportunity of doing myself, after working for weeks and months, even in severe cases of deviation and fixation of the uterus backward, as, for instance, after a posterior parametritis; one may overcome the fixation, whereby rectal trouble and other symptoms became diminished or completely removed. Moreover, it is easy to restore the uterus to its normal position of anteflexion, for the time being; but to bring it about that it shall continuously and spontaneously remain in that position is quite another matter, and assuredly is an event of extremely rare occurrence. When it is necessary to retain the uterus in its normal position we must usually have recourse to the help of pessaries.

The two technical problems in these cases are, as is readily obvious: to remove residues of inflammation by means of frictions; and by means of repeated repositions, redressions, liftings, and stretchings of different kinds, to lengthen the shortened and shrunken parts. These manipulations, which, *per se*, do not have a place under massage, are performed in the manner customary among gynæcologists—most frequently bimanually, in that one works upon the uterus simultaneously by two avenues, through the vagina and through the rectum or upon the abdominal wall.

Brandt, who is infinitely skillful, is frequently able, in an instant, as it were, to replace a retroverted uterus if it be movable. Where others would need to use both hands, he simply introduces the forefinger of one hand into the vagina, and, having first carried the fundus upward and forward, quickly pushes the *portio* backward and upward. In other cases of retroflexion where reposition is difficult, it frequently happens that he acts upon the uterus, as do other gynæcologists, through all three avenues at once. He carries the *portio* backward by means of the left thumb in the vagina, the forefinger of the left hand being used at the same time in the rectum to carry the fundus backward, while the latter procedure is aided by the right hand placed upon the outside of the abdomen. The patient, according to the nature of the case and the difficulties which it presents, must assume the usual supine position; at other times stand; and at other times take the knee and elbow position on the couch. When the uterus is fixed, we always seek to make it gradually free by exerting gentle force acting in the opposite direction. Looking at Brandt's work, as a whole, gives one the impression that he has also developed this part of the treatment much further than have most of the gynæcologists, both by his unremitting use of the manipulations and through his use of them in many forms. I would call especial attention to the fact that the "lifting" of the uterus made use of by Brandt in prolapsus, a detailed description of which is given below, may also be employed to advantage in other forms of displacement, especially in deviation backwards, in order to stretch the shrunken adnexa, whose shortening is very frequently the cause of the malposition. All of those manipulations that aim at stretching the parts shrunken through inflammation belong preferably to the

later stage of treatment, when the frictions have partly accomplished their purpose. To stretch parts which are still strongly infiltrated or contain considerable masses of exudation cannot yield any satisfactory result. Furthermore, it is necessary to hold fast to the idea that all stretchings must take place gradually, and that, where the purpose of rectifying malposition can be rapidly realized only by the use of considerable force, it must suffice to approximate that end step by step. What has been set forth above as to the manipulations which are appropriate here, though not belonging to massage, will suffice, I think, without further arbitrary classification of them, to afford the reader a summary view of manipulations that vary infinitely according to the nature of the case. Considered singly, they are easy and are self-suggestive as soon as one has clear insight into all the details of the case, which achievement for a non-specialist is frequently difficult enough.

Retroflexio uteri et residua parametritis dextræ et sinistræ.—(Somewhat condensed from Brandt-Schultze-Profanter.)—Franziska B., 29 years old, the wife of a dyer, in Apolda, was received October 31, 1886. Since the beginning of her eight years of sterile married life the patient, from time to time, at intervals of two or three months, has had recurrent attacks of pain, in both sides, which compelled her to pass several days in bed, and were followed by great weakness, nausea, or eructations. In April, 1886, the patient had inflammation of the cæcum. Her bowels are inactive, and appetite bad; she has dyspeptic symptoms; micturition is attended with pain and sensations of burning. Five weeks ago the patient had two fainting fits.

The patient, who is a thin, lightly-built woman, was examined November 5, 1886, during narcosis. The uterus was found to be retroflected. It could be easily reposited, but showed a tendency to return immediately to its former position. The right ovary is small, the left somewhat large; both are movable. The broad ligament and the fold of Douglas, on the right side, are markedly thickened. On the left, a strand of cicatricial tissue passes from the fornix in the direction of the spinous process of the ischium.

The patient was at first treated by rest in bed, aloetic pills, poultices, and pessaries. Massage-treatment began November 18. The condition is now what it was at the last examination, with thick residues upon the right and left sides, and pain upon reposition, with some effusion, constipation and dyspepsia, pain in the bladder, and symptoms of anæmia and faintness, cold feet, etc. Bimanual examination is very painful, by reason of the presence of rheumatic infiltrations, in the abdominal muscles.

Treatment consisted of daily bimanual repositions of the uterus, of uterus lifting, and massage of the residues. The rheumatic infiltrations of the abdominal muscles were massaged at the same time.

December 3.—The uterus lies in a position of anteflexion, without previously undergoing reposition.

December 5.—Yesterday and to-day the position is the same as on the third.

December 9.—Menstruation set in three days ago and the uterus returned to its

position of retroflexion; when the bleeding ceased the uterus spontaneously resumed the position of anteflexion.

December 15.—The uterus, which has been retroflected since the tenth, is to-day spontaneously anteflected.

December 18.—Retroflection again yesterday and to-day.

December 21.—Since the nineteenth the uterus has been spontaneously replaced in the anteflexion position. The right parametrium is completely free from residues; on the left side the strand above mentioned may be felt slightly. Its position is shown in the drawing.

December 22.—The patient, who feels well, decides to depart. She has no pain and no tenderness either in the abdominal walls or elsewhere; constipation is gone; her appetite and sleep are better; and the sensation of cold in her feet has disappeared. On the other hand, the uterus is in retroflexion, without giving rise, however, to any trouble.

As regards the removal of residues and the resulting disappearance of subjective symptoms, this is a typical case, as it is also in respect to the relatively slight influence of the treatment upon the displacement.

In changes of position, where a complete restitution is not obtained, recourse is chiefly to be had, after massage and stretching, to an adjuvant treatment by means of pessaries. So much concerning displacements as such. The residues from inflammation that are frequently present are treated also, as has been mentioned, by means of hydro-therapy by some physicians, while others employ electro-therapy. The latter form of treatment has been strongly recommended by Professor Engelmann, of St. Louis, U. S. A.

Extravasations in the lower pelvis behave in quite the same way under massage as exudations; and massage is now considerably employed in *Hæmatocele retrouterina*. As a whole the same rules hold good for the treatment of the former as for the latter. It is also of importance not to begin too soon with massage in cases of extravasation, otherwise fresh hemorrhage may be occasioned by means of the massage. Otherwise, there is nothing to add to what has been said already.

I introduce the following cases of Prochownick's, but will remark that although I am comparatively inexperienced in these matters, in comparison with Prochownick, I would have postponed massage for a while longer.

1. Mrs. R., twenty-six years old, wife of a tailor in Hamburg, a small, delicate woman, has been married six years and a half. In the first year after marriage she had a living boy that was easily delivered. She then had no children for five years. Menstruated last at the beginning of July, 1882; then no flow till the middle of September following; had nausea and distended breasts. In the middle of September, violent pains came on suddenly in the trunk and sacral region; then straining at times in the bladder and rectum, and rapid loss of power and fainting fits; then three and a half months of hospital treatment for "internal bleeding in the abdomen" (probably tubal pregnancy with rupture). Then slow improvement, with regular but protracted menstrual periods, until a week before the examination of the patient. After raising a wash tub, severe pains came on suddenly, with sense of pressure in the rectum, dysuria, giddiness, and faintness. When examination was made, June 15, 1883, a mass of

effused blood as big as a man's head was found in the pelvis and the right side of the pelvis, when the still bleeding, enlarged, but empty uterus was drawn toward the left. No fever. After the violent symptoms had abated, the tumor remained equally large, thick, and doughy. Operative interference was negatived. From the end of July on, massage was employed, together with injections of ergotin every three days, on account of continued but moderate bleeding. Slight increase of bodily temperature followed (38.4° C. in rectum), on account of which the treatment was put off for a fortnight. Then massage was given every other day; after a while only twice a week. The cure, with nearly complete resorption of the extravasation, required forty sittings in the course of four months. When the massage was stopped, because of a new pregnancy, a small residue of the extravasation remained. Later the patient was well.

2. Mrs. R., thirty-two years old, wife of a laborer in Hamburg, a strongly built woman, the mother of four children. She had been treated from the beginning of January, 1884, at the Polyclinic, having four weeks before fallen ill, with characteristic symptoms of hæmatocele, after violent exertions during the menstrual period. On examination, during narcosis, a left-sided periuterine hæmatocele, about as large as a small fist, presented itself, as well as a retroflexion with adhesion of the uterus, which is now displaced toward the right. This condition is probably of long standing. After two months of fruitless use of vaginal douches, iodine penciling, and sitz-baths; massage was undertaken, but only twice a week,* wherefore the treatment for the removal of the hæmatocele lasted four months. At the end of that time the uterus, the patient being anæsthetized, was freed from its adhesions. A fortnight later massage was resumed and continued for two months, in order to retain the uterus in its improved position, and a Thomas pessary was also made use of. The pessary was carried for a considerable time. It was then withdrawn, and the uterus lay normally anteflected. For the space of three years nothing more was seen of the patient, till she returned in the beginning of September, 1887. This time she had a right-sided tumor in the pelvis, on account of which she had just lain three months in a hospital. It was not possible to make with certainty a differential diagnosis between parametritis and hæmatocele. Still, the latter seemed to be more probable, judging from the course of the disease and by the objective symptoms. There presented itself a right-sided, somewhat elastic, hard tumor about the size of a child's head, with slightly movable walls, which were connected with the tissue behind the fornix without dragging down the latter, but pressed the uterus, the bladder, and the peritoneum considerably to the left and upward. The uterus was easily permeable and slightly hæmorrhagic. There was no fever, but there was still very violent pain. Massage was begun at once, inasmuch as the acute stage had passed and the patient much preferred this treatment to an operation. After thirteen days of daily massage, the patient was able to leave her bed; after twenty-one days she got up. The treatment was continued for a time and restitution was quickly obtained, in so far as the uterus again assumed the position of retroflexion. This condition still continues without a pessary being required; otherwise the woman is sound and does her work.

Chronic metritis has been treated by many physicians by means of massage, and a considerable number of communications in regard to it are to be found in the literature of the subject.

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* I omit all account of what Prochownick calls "passive massage" with "Dehnkugeln," elastic balls (?).

The most important are those by Asp, Brandt, Reeves Jackson, Norström, and Prochownick. If we consider them critically and in addition take account of the oral reports of Swedish gynæcologists, who are more experienced in such matters than any other, we reach a conclusion which may be summarily stated as follows: massage affords results in chronic metritis that may be characterized as tolerably satisfactory, especially when we take into consideration the extraordinary obstinacy of the processes in question, and when we compare it without other remedial measures.

Subjective symptoms, such as pain and dragging sensations, which are frequently very prominent in chronic metritis, not infrequently give way rather quickly. So, too, dysmenorrhœa and bladder and rectal symptoms diminish in their intensity, and the occasionally recurring bleeding stops. In a great number of cases, but always after a long course of treatment, a diminution in the size of the swollen uterus and return to its normal volume has been determined, both through palpation and by means of the sound. Brandt, himself, says, on the contrary, that he has scarcely ever been able to restore an indurated uterus to its fully normal consistence.

Sterility, which is a frequent attendant circumstance, is sometimes removed, and women who, during many years of married life, have not conceived or have aborted, have normal confinements after this treatment.

Displacements, which often accompany chronic metritis, and which now and then must be considered as results of it, afford relatively the worst prognosis.*

Chronic endometritis, which usually occurs in combination with chronic metritis, not seldom becomes cured under massage, and the mucous membrane, even when there are marked "fungous" changes in it, returns to its normal condition. In his report of a case of chronic metritis, with retroflexion and *descensus uteri*, together with severe chronic endometritis, that

* Even Norström, who is evidently inclined to view the matter in a hopeful light, admits that as a rule the position of the uterus after the close of his massage-treatment was, or soon became, the same that obtained before treatment; and adduces this circumstance, in connection with the simultaneous definitive disappearance of the chronic metritis and its symptoms, as a proof of the slight significance of displacements *per se*, which, as we know, are also considered by many modern gynæcologists to have no special importance.

was treated by Brandt, under Schultze's supervision, Profanter makes the remark (*loc. cit*, p. 88) that before one begins the use of massage in chronic metritis the accompanying chronic endometritis must be disposed of by the treatment usual in such cases. This is quite incorrect, since there are many observations, some of which at least may be relied upon, that make for the healing effect of massage upon chronic endometritis; which, moreover, does not appear improbable when we take into consideration its influence upon other chronic catarrhs of the mucous membranes. It is an important consideration that chronic endometritis does not constitute a contraindication against massage, although very many cases of chronic metritis must be excluded from this treatment. Nothing stands in the way of employing various local and general measures in connection with massage. From certain statistical elucidations set forth below, it would seem that the massage-treatment of simple endometritis also yields tolerably good results.

Along with chronic metritis we also class *incomplete or disordered involution of the uterus* after childbed. While mentioning the report that this condition has also been successfully treated with massage by various persons; I will not omit to mention the opinion expressed by Prochownick in his recently published work, which opinion, as it seems to me, is tolerably difficult to gainsay. He agrees that good and tolerably quick results may be obtained by massage in these affections; but since, he has obtained like good results by means of other treatment, consisting of syringing out the vagina with injections of gradually increasing pressure and temperature, half-baths, glycerine-tampons, iron, quinine, hydrastis canadensis, and subcutaneous injections of ergotine, he considers it demonstrably rational to make no use whatever of massage when there is subinvolution, as the treatment is difficult and disagreeable for one and all, and may prove prejudicial to a nursing patient. It seems clear to me that in these cases, where other forms of treatment, on account of their unsatisfactory results, do not demand the assistance of massage, we had better omit the latter.

The appropriate technique in the treatment of chronic metritis is of the bimanual sort, described above, with the left forefinger in the vagina as a support for the uterus, while the middle three

fingers of the right hand make massage through the wall of the abdomen.

It is especially necessary, however, in cases of chronic metritis to bear in mind all possible ætiological factors that may be pertinent, as well as to endeavor to remove their causes. This is particularly the case with regard to one or another form of sexual stimulation, which is not unusual in this affection.

Together with massage, it will be exceedingly advantageous, also, to employ various hydro-therapeutic measures, the usual mineral waters for regulating the bowels, etc., and general hygienic measures, gymnastics, etc., in addition.

Asp furnishes the following table of the results of his treatment of chronic metritis, obtained by means of uterus-massage and general gymnastics:—

Cases of Chronic Metritis.	Married or Unmarried.	Discharged as			Sum.	Mean Length of Treatment in Weeks for:		
		Cured.	Improved.	Uncured.		Cured.	Improved	Uncured.
Without complications, . .	Unmarried,	5	4	1	10	8.6	6.5	. .
	Married,	2	4	4	10	8	6.3	4
With complications, . . .	Unmarried,	1	3	. .	4	. .	8	. .
	Married,	7	2	2	11	15.4	9	7.5
Total, ...	. . . . .	15	13	7	35	. .	. .	. .

Asp gives no account of the course of the endometritis in his various cases. In one case, after sixteen weeks of treatment, endometritis as well as the other symptoms of disease had disappeared; it soon returned, but there was no trace of it in a year after treatment. On the other hand, he mentions seven cases of endometritis (only one of which was combined with chronic metritis), of which four were cured after a massage-treatment which lasted 9.3 weeks on the average; two were improved at the end of five and sixteen weeks respectively; the seventh case broke off treatment at the end of four weeks.

Norström seems to know of none but good and brilliant results from the massage-treatment of chronic metritis; excepting the coincident displacements involved. Under the head of sterility that frequently exists in such cases, he makes particular mention of 22 cases in which, for more than three years, conception "seemed to be impossible;" of these, two conceived during the time of treatment, two immediately after its cessation, and 12 somewhat later still. Asp, also, had one such case.

Prochownick treated (1883–87) 40 cases of uncomplicated chronic metritis. He unfortunately subjected only seven of them to massage-treatment. However, he obtained right good results within the short period of 3–4 weeks. At the same time only four of the patients were permanently cured; and Prochownick attributes their cure not simply to massage, but also to simultaneous hydro-therapeutic measures

and to psychical treatment for the purpose of removing the cause of the chronic metritis, namely masturbation.

Prolapsus (seu Descensus) uteri et vaginæ.—In order to understand rightly the modern treatment of prolapsus devised by Brandt,* in which, in comparison with other manipulations and a peculiar form of local gymnastics, the proper massage manipulations constitute the less essential part; it is proper to call to mind the manifold changes which, with greater or less significance for each particular case, may lie at the basis of the anomaly under consideration.

In order to obtain a reasonably correct idea of the ætiology of these cases, it is, first of all, necessary that we should not go too far in the line of the old, defective conception of the uterus as a suspended organ, held in place chiefly, or almost exclusively, by the broad, sacro-uterine, and round ligaments. A glance at a dissected normal pelvis suffices to show that the adnexa, even in virgins, and in multiparæ to a still higher degree, allow a not inconsiderable sinking of the uterus. Nor should we look on changes in these parts or their stretching as factors that constitute the principal cause of the transposition downward of the uterus, although displacements cannot take place to a high degree without involving a stretching of the ligaments mentioned.

Furthermore, in our present consideration we should not forget or overrate other factors which, without doubt, play their part in the descent of the uterus. They are: 1. increased abdominal pressure occasioned suddenly and purely incidentally in violent exertion, or oft-recurring in severe daily bodily-labor, or chronic constipation; 2. increased weight of the uterus as in fibroids, or in chronic metritis. The position of the uterus, in relation to the vagina, is also of importance. An increase of

* It is a most interesting fact that Brandt's prolapsus-treatment which, taken as a whole, is rational, inasmuch as it is directed against tolerably complicated disturbances which cause or accompany the abnormal condition, and because it rests upon sound physiological principles, should be wrought out by a layman; and that no medically trained specialist stumbled upon the thought of employing this simple means, which, leaving operative interference out of account, has shown itself more efficacious than all others. We may be tempted to believe that deficient insight into the difficulty of the task favored the hardy undertaking of this therapeutical experiment. Skepticism, that works mischief in certain cases, is a fault often inherent in physicians, but it is scarcely ever found among gymnasts. At the beginning of his activity, Brandt had a large amount of material at his disposal in the Swedish working class, among whom prolapsus was much more general than it is now, the institution of rural midwives having undergone an improvement as necessary as it has been thorough.

the acute angle in physiological anteflexion, or an abolition of the same, so that the long axis of the vagina and the uterus coincide, obviously increases the possibility of a descent of the uterus, especially when such a position for one or another reason becomes permanent. This position, as we know, may accidentally arise by reason of an overfull urinary bladder.

To the ætiological factors just set forth others should be added, which have been recognized, only in recent years, as possessing the great importance that is really theirs. First of all, we should remember, in this connection, the view that has been set forth by authorities of the first class, that in most cases of prolapsus the sinking of the vagina is the primary event, and occasions both the prolongation and the prolapsus of the uterus. In prolapsus vaginæ, incomplete involution after confinement, together with the accompanying stretching and relaxation both of the vagina and the perivaginal connective tissue, naturally plays a very prominent part. Added to these, as contributory circumstances especially worthy of attention, are disturbances in the resistance of the floor of the pelvis to the descent of the genital organs, due to rupture during parturition: and, furthermore, important changes in the muscles concerned may occur through senility or through the degenerative conditions that follow various severe constitutional diseases. In order to make clear the extreme importance that such changes have for our present theme; I will simply allude briefly to the anatomical facts that most closely relate to it, and, for the rest, take for granted the reader's knowledge of the appertaining muscles and fasciæ as they are described in the handbooks. If need be, the reader may easily refresh his memory as to details by consulting such handbooks or appropriate plates, or, better still, by visiting a dissecting-room. It will be well to recall the fact that the median fibres of the funnel-shaped levator ani, which pass in a sagittal direction, being covered both above and below by the pelvic fascia, encompass rectum and vagina on both sides; that the muscle gives off fasciculi to the space between the two, which is chiefly filled with connective tissue, and in this wise surrounds the vagina, high up near the *portio* on three sides, and helps to fix the same in its position as well as to elongate it under certain conditions. According to Ziegenspeck, it also helps to render prolapsus difficult, especially when the uterus has not a

retroverted, that is to say, flexed position, in that it draws the upper part of the vagina forward and somewhat upward, so that this part comes to occupy a horizontal position, and thereby affords a better support to the *portio*. At a deeper level than the levator ani—at the anterior part of the aperture of the pelvis, covered upon the upper side by a layer of the pelvic fascia and on the under side by the fascia propria of the perinæum—we have the deep, transverse muscle of the perinæum (Henle) or the urethro-genital diaphragm of Henle, which affords a passage to the vagina and urethra and, furthermore, influences their ability to offer resistance to an expanding force. And finally, we should, in this connection, remember that part of the 8-shaped collection of muscular fibres whose hinder loop forms the external sphincter ani and whose anterior loop is known by the name of *constrictor cunni*.

Bearing the above-mentioned facts in mind, we may pass now to the detailed description of Brandt's course of procedure. He begins the sitting as follows: while the patient stands bending forward, with her outstretched hands against the wall for support, he gives light tapotement over the sacrum, with the flat of his hand or with his fist; the purpose of this being to stimulate the appropriate nerve-centres. Then the patient lies down upon a bench or couch, in the position already described, with raised head, raised pelvis, flexed and abducted legs, and feet close together. At the same time Brandt seats himself at her left side, in the manner already described. Then the prolapsed uterus, together with the accompanying cystocele and (eventual) proctocele, is restored to its position in the usual manner, so far as it can be brought into its normal anteflected position. When this cannot be done, reposition has to be brought about by means of the mechanical procedure described elsewhere in this chapter, a task that can, sometimes, delay the further treatment. If the reposition of the uterus is successfully performed, then begins the "double treatment," so-called by Brandt, which procedure requires a female assistant.* The assistant kneels upon the couch between the knees of the patient, and then lifts the uterus and its adnexa in such manner that, as she, the assistant, bends over the patient,

* Brandt always employs a female gymnast for this purpose, contrary to what some authors allege. It is only when physicians happen to visit him that they, in case they desire it, undertake the lifting, for the sake of practice.

she seeks to press in between the uterus and the os pubis with the middle three fingers of her supinated hands (which are open and touch each other along their ulnar sides), at the same time making tolerably vigorous pressure upon the abdominal wall. If she succeeds in so doing, and in simultaneously grasping the uterus, the open hands continue to glide over the abdominal wall,* while she draws the uterus in the direction of the abdominal cavity as far as it will go without occasioning severe pain, and with the employment of moderate force, that is to say, much higher than its normal position. At the same time, Brandt's left forefinger, in the vagina, accompanies the movement of the *portio* so far as possible and directs it towards the back of the patient. When the lifting has carried the *portio* out of the reach of the forefinger, the latter remains as high as possible in the vagina and receives the *portio* when it descends and again directs it backward. This "double treatment" is repeated three or four times at a sitting. During each lifting the normal anteflected position of the uterus is controlled in the manner mentioned above. As has already been said, one never lifts a retroflected or retroverted uterus. When these liftings, raisings, or whatever you choose to call them, are concluded, the so-called "double treatment," and with it the necessity of an assistant, is at an end. Brandt, who remains sitting in his former position, then makes rubbings, of small excursion, with the middle fingers of his right hand, at the appropriate place upon the inward-pressed abdominal wall; his purpose being to stimulate thereby the hypogastric-plexus and the posterior portion of the sacro-uterine ligaments of both sides. If the uterus is swollen or if residues of inflammation exist, then kneading, which is performed in the usual manner, is undertaken. Brandt then makes small "nerve-frictions" with the fingers of the right hand, against the supporting finger of the left hand, upon the labia majora, in order to stimulate the inferior pudendal nerves; if a vaginal prolapsus is present. When the wall of the vagina is relaxed, it is treated in the same way by means of small, limited, and tolerably vigorous frictions. When Brandt has finished this procedure, the patient by her own exertion raises her buttocks and the lower part of the back from the couch, so that she only touches the latter

* No sort of massage ointment is here employed in order to make easier the gliding of the hand over the abdominal wall.

with her neck, the upper portion of her back and her feet. In this position for a time she executes concentric and eccentric adduction-resisted-movements with Brandt's help. These are thus performed: the patient holds her knees together and Brandt separates them while the patient makes resistance thereto; thereupon the patient brings her knees together again while Brandt makes resistance to the action.* Brandt's purpose in this procedure is to strengthen the levator ani of the patient (see below). When this procedure has been repeated several times, Brandt again introduces his left forefinger into the vagina, carries the *portio* backward, if it is not already in that position, and, while he holds the same in position, helps the patient with his right hand to rise from the couch; not till then does he withdraw his left finger, with which he has up to this time controlled and fixed the position of the uterus, as otherwise that organ might easily fall back, through the influence of abdominal pressure, as soon as the patient stood up. Finally, Brandt closes the sitting in the same manner as he began it, viz., with a light tapotement of the back. After this the patient must frequently remain for a time in a prone position upon a sofa.

There remains still to be mentioned another important factor of the treatment. The patient is charged on rising in the morning, on going to bed, as well as several times during the course of the day, to give direct exercise to the muscles on the floor of the pelvis so as to bring the levator ani and external sphincter into action, just as one would do who should strive to prevent the exit of wind or fæces from the rectum. The position to be taken is that described under the gymnastics of the adductors when the knees are vigorously held close together.

In addition to the mechanical treatment Brandt makes use of no other means than injections of water, of an ordinary temperature, which the patient herself has to perform. Nevertheless, a more thorough-going hydro-therapeutic and electrical treatment may be simultaneously resorted to with advantage. In perineal rupture restitution by surgical means should precede the Brandt-treatment. In case of marked hypertrophy of the cervix an amputation of the same must first take place. Generally in severe cases (above all in senile inveterate cases), a careful weighing of the prognostic factors must

* The adductors are the active muscles in both cases, and I, therefore, call the movement involved in separating the knees, an eccentric adduction-resisted movement, in spite of the fact that it is an abduction as respects its direction. This seems to me the only way to attain lucidity of expression in the use of the terms concentric and eccentric movements, which must be referred to the muscle groups that are called into action (see p. 75).

determine whether it is better to attempt a cure by means of Brandt's treatment before one has recourse to operative interference.

If we now take a short survey of the Brandt-treatment, we shall find that the method corresponds more or less completely, in all its details, to definite therapeutic purposes based upon the pathological anatomy of prolapsus. A portion of the manipulations is, however, of slight or undetermined significance. In particular, it may be just as imprudent to attribute much importance to tapotement of the sacrum or to "nerve-frictions" over the hypogastric plexus, as to deny them any worth whatever. The "nerve-frictions" along the course of the inferior-pudendal nerves may certainly be omitted without notably prejudicing the result.* Those frictions that aim at mechanical stimulation of the lower portions of the sacro-uterine ligaments can attain their end only in very few cases, where the abdominal wall is especially relaxed. Aside from the reposition, over whose sun-clear value I will not tarry here, the first important factor that we find in the treatment is the uterus-liftings. These would exert a contrary influence upon all the mechanical conditions depending upon the prolapsus. Perhaps it is doubtful whether they always, or indeed frequently, fulfill Brandt's purpose of bringing about contraction through the sudden stretching of the adnexa which contain muscular elements, since the indirect fixing of the uterus on the floor of the pelvis in many cases acts as a hindrance to the further lifting —sooner, probably, than do the adnexa named. On the other hand a very slight degree of lifting of the uterus above its normal level must have the effect of stretching inflammatory adhesions, which so often lie at the basis of displacements; particularly backward deviations which, without any stretching, allow of a slight raising of the uterus (Ziegenspeck). In this way the liftings doubtless serve to facilitate the return of the uterus to its normal anteflected position. This circumstance is of importance also in preventing a return of the prolapsus, which, by reason of the position of the vagina may more readily occur in backward

* The irritation of these nerves has been censured on the ground that the clitoris being innervated, as we know, by an upper branch of the same nerve-trunk, such an excitation may readily assume a sexual character. To this Brandt replies that no danger of this kind can occur when the frictions are made so vigorously as to give rise to pain. Nevertheless, as has been said, we had better dispense with it; even if we do not allow ourselves to be too much intimidated by a current phrase which intimates that a stimulation which causes pain does not exclude sensuous pleasure.

deviations. The resistive gymnastics, which are made by the help of the adductors, as has been mentioned, are intended, according to Brandt, to strengthen the muscles of the diaphragm of the pelvis, especially the levator ani. Others also have offered the same explanation of their action in this connection.* Nevertheless, a very slight investigation, just because of the effects of the levator ani upon the position of the anus, shows: 1. that these muscles, and very probably also the rest of the musculature of the floor of the pelvis, are called into action to an extremely insignificant or even scarcely noticeable degree, even in vigorous resisted-adduction of the thighs; 2. that, on the contrary, this last takes place with incomparably more force from innervating the external-sphincter, as when we hold back the crowding contents of the rectum. Hence, I believe that that part of gymnastics made use of by Brandt in prolapsus (in which the patient has to exercise the muscles of the floor of the pelvis in the manner last mentioned) is infinitely more essential to the strengthening of those muscles than the resisted-adduction, which does not strengthen other muscles than just the adductors themselves, in any degree that is worth mentioning. However, future investigations, which in all probability will soon be undertaken on an extensive scale by German specialists, must give more certain information as to the meaning of the adduction-gymnastics. The importance of uterus-massage for the cure of prolapsus in chronic metritis, through the diminution of the weight of the uterus, is perfectly obvious.

Every one who has himself performed the Brandt-treatment of prolapsus, or who critically considers the results obtained by its use on the part of others, must recognize that the treatment exerts an astonishingly powerful influence.† The most important elements in prognosis are the degree of the prolapsus, together with the age of the same and that of the patient. That in pro-

* F. Von Preuschen (Centralblatt für Gynaekologie, 1888, No. 13, p. 3) believes that, on careful exploration he has surely determined that the muscles in the diaphragm of the pelvis (especially the *levatores ani*) contract in the resisted-adduction-movements—especially when the patient raises her buttocks—and ascribes to this circumstance much too great a significance, as I think, for the reasons set forth above.

† Astonishing, namely, to those who are not given over to the uncritical enthusiasm for mechano-therapy, which passes all reasonable limits in describing its ability. Those who are not transported by this enthusiasm are not likely to entertain any great hope of cure by means of any non-operative measure whatever, in a case of prolapsus that is at all well developed.

nounced, inveterate cases of prolapsus in senile individuals the Brandt-treatment must frequently prove partially or wholly abortive, like all other non-operative procedures, is self evident and hardly needs to be specially mentioned. On the contrary, it is necessary to emphasize the fact, which is quite as astonishing as it is fully determined, that the treatment, in many instances, is able to bring about a permanent cure in cases that are only moderately favorable; that this happenseven in cases of total prolapsus, which have remained unchanged during more than a score of years; and that, also in cases where this does not result, the treatment is generally accompanied by such genuine improvement that the uterus may thereafter be easily retained in its normal position by means of pessaries or tampons, or at least prevented from again prolapsing. When we remember our former performances in cases of prolapsus, leaving operative interference out of account, we must admit that the Brandt-treatment is a very great step forward.

Case treated by Brandt, controlled by Schultze, reported by Profanter; somewhat condensed.

Louise Sch., thirty-four years old, a farmer's wife, from Cospeda, was received for treatment at Schultze's Clinic (in Jena) December 29, 1886. Except for the usual diseases of childhood the patient had always been healthy; was married in 1875, and had her first confinement in the course of that year. The patient left her bed two days after her confinement. At about the middle of her first pregnancy *descensus uteri* took place from excess of bodily exercise (turning the crank of a threshing machine). This condition continued to grow worse till her second child was born, in 1877. In spite of the prolapsus, the patient got up a week after second confinement and went to work again. After her third pregnancy, she lay in bed nine weeks at home, and then five weeks in the surgical clinic, because of some trouble with her foot. The prolapsus grew worse again when the patient resumed hard work, and since 1879, from lifting a heavy basket, has remained total. In 1884 she consulted a midwife, who replaced the uterus and introduced a pessary that was retained for six weeks, when prolapsus of the uterus occurred again.

The patient, who is small, but healthy, complained of heaviness and dragging in the abdomen, and of urgent and painful urination. There are, besides, severe pains throughout the abdomen that exacerbate when she menstruates. She has a moderate amount of effusion; also cold feet.

On examination, during narcosis, the uterus is found lying backward and to the left; the vagina has prolapsed so far that the transition fold is visible. There is an inversion-angle about 2 centimeters above the orifice of the urethra. The sound passes 6 centimeters in the direction of the *os uteri;* upward and backward, to the right, 10 centimeters; and upward and backward 8.5 centimeters to the left. During the sounding the bladder emptied itself of about 1 cubic centimeter of urine. No rectocele is present. Reposition of the uterus, high up in the pelvis, in anteflexion is easily effected. The *os uteri* is rather wide, lacerated, ectropic, its anterior lip ulcer-

ated. In the anteflected position the sound meets resistance at a distance of 8 centimeters. In the prolapsed condition of the uterus, the tip of the sound may be felt in the fundus (14 centimeters up) by palpation through the abdomen and through the rectum.

Brandt's treatment began on December 30. The patient rests fifteen minutes after the sitting; at other times is allowed to go about, but for the present is forbidden to climb stairs. After the first lifting, the uterus remains fixed by the perceptible tension of the left fold of Douglas, with the *portio vaginalis* 5 centimeters above the posterior commissure of the labiæ. The uterus itself lies retroverted and drawn toward the left.

January 1, 1887. Uterus is 0.5 centimeter higher than yesterday, perhaps; the hypertrophy of the cervix has abated.

January 2. The uterus is nearer the median line, no longer retroverted.

January 11. Uterus is exactly in the median line, and somewhat anteflected.

January 14. *Corpus uteri* markedly smaller. The hypertrophy has still further abated. Ectropion is nearly gone. The patient, on her own responsibility, took an hour's walk outside the clinic.

January 15. Uterus is 1 centimeter lower than yesterday (effect of walking), and is somewhat retroverted. Everything as formerly after the sitting.

January 19. Patient walked for a quarter of an hour about the town. The uterus suffers no change therefrom.

January 20. Position of uterus normal. The patient now walks a while every day, for thirty to sixty minutes, without producing any change in the position of the uterus.

January 27. The *cervix uteri* to-day is somewhat further back, fixed by the folds of Douglas. The tip of the lacerated *portio vaginalis* is situated on a level with the spine of the ischium, rather above than below it. The anterior vaginal wall is no longer so relaxed as on January 20.

January 31. The patient is discharged. The uterus is in its normal position. *Cavum uteri* measures nine centimeters. The patient feels entirely well; all symptoms of prolapse have disappeared.

Brandt treats purely nervous cramp of the bladder, be it in the detrusor, in enuresis spastica, or in the sphincter, in dysuria spastica, by means of derivative movements and massage of the arms, and preferably of the legs also, as well as by means of frictions of the organ itself through the vagina.

In obstetrics some manipulations are used which may be counted under massage, *e. g.*, in incomplete contraction of the uterus *post-partum*, and in the bleeding from the placental vessels, depending upon the above condition, when one rubs the organ through the abdominal wall by means of moderately strong frictions, and thereby stimulates it to contract.

B. Diseases of the Male Uro-genital Apparatus.

Very few diseases of the male uro-genital organs have been treated with massage; they are:—

Organic Urethral Strictures.—Geyza Antal has, in connection with the ordinary dilating treatment by means of bougies, employed massage through the perineum in those affections which are so usual after long-continued gonorrhœa. The aim of the treatment is to remove the periurethral submucous infiltration which brings about the stricture. In recent years, I have made use of this *per se* rational treatment, in a small number of cases. One must first of all accurately determine the seat of the stricture, which may easily be done by introducing a large-sized bougie, which remains fixed at the anterior limit of the stricture and whose point, in ordinary cases, may easily be felt through the perineum. After withdrawing the bougie, one makes pretty vigorous frictions of the perineum, at the appropriate spot,* for several minutes. It is easy to instruct the patient to perform this procedure himself, morning and evening. For the sake of avoiding too great mechanical irritation, it should be performed at some other time of day than that when dilation, with increasingly large bougies, is made. I believe that I have discovered that we can facilitate the dilatation a good deal by means of massage.

Chronic Prostatitis and Hypertrophy of the Prostate.—Estlander, of Helsingfors, made a beginning of the massage of this form of affections in 1877. After that Rütte brought about permanent cure by the use of massage, in retention of urine resulting from hypertrophy of the prostate. Estlander is of the opinion that massage is in place in cases of infarct and still more in induration. However, Estlander, in two cases of senile hypertrophy of the prostate, obtained no particular improvement through the use of massage, which was, it must be admit-

* Hünerfauth remarks, in regard to stricture-massage, that one should massage the *pars prostatica* and the *pars membranacea* through the rectum. It is, however, a known fact that strictures may exist anywhere in the urethra except *just in* the *pars prostatica;* though, generally, they are situated, as Sir Henry Thompson and many others teach us, on the anterior border of the *pars membranacea*, just where it passes into the *pars bulbosa*. The anterior border and the entire course of the *pars membranacea* may, however, be massaged particularly well from the perineum. Hence, I cannot see that we are ever obliged to massage strictures from the rectum; and, since we have the choice of doing this either from the rectum or the perineum, it may well be that a "compact majority" will prefer the latter place as the seat of massage.

ted, of tolerably short duration. Massage must be executed in the rectum by means of frictions upon the prostate.

The report of Estlander's first case, much condensed, is as follows:—

I. W., 28 years old, merchant, who has had a small series of attacks of gonorrhœa during the last half dozen years, was never free from effusion from the urethra and has been subjected to various forms of injections. In December, 1876, several months after the last injection, the patient began to feel a severe burning sensation when he finished urinating, which was followed sometimes by a drop of blood; to this was added pain in the anus, when defecating, as well as pain in the ilio-lumbar tract. When the patient, a weakly, anæmic person, was examined on January 23, 1877, these symptoms were observed: some effusion from the urethra; violent pains on introducing the sound, when the instrument passes through the prostate; the latter appears markedly enlarged when palpated; one feels a plainly fluctuating abscess, larger than a pea, on the left lobe, and some smaller inequalities in addition. Leeches to the perineum, opium injection, and Vichy water were prescribed for the patient. The abscess, mentioned above, burst six days later and the pains ceased. Massage treatment was begun; at first in this wise: a Beniqué's sound of high number was introduced into the urethra, and massage was made in the rectum by means of light frictions; later on it seemed more advantageous to give massage without employing the sound. The patient was discharged March 13, when the nodes in the prostate were much smaller than before, and the amount of urine passed was normal.

HANDBOOK

OF

MASSAGE

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