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PELVIC MASSAGE.[1]

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In presenting the following facts in regard to the treatment of certain pelvic diseases by the Thure Brandt method, I not only want to add to the statements proving the benefit to be derived from such treatment in some pelvic pathological conditions, but also to disprove two assertions which nearly every pupil of Thure Brandt, nearly every writer on the subject, even Thure Brandt himself, emphatically makes—namely, that two prerequisites are absolutely necessary to

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secure good results: *first*, study of the technique with Thure Brandt himself; and, *second*, the side position and low couch in applying the treatment. As to the first, "study of the technique with Brandt," if this were absolutely necessary, as is claimed, it would already to-day limit its use to such a small number that it would not deserve to be classed as a therapeutic agent; and a possible thorough knowledge of the treatment thus necessarily dying out with Brandt's death, gynecologists of the future would read of it as a means of cure that had had a short, brilliant life, and would justly class it among such remedial agents as Perkinism, Berkleyism, etc. That this study, then, under Brandt is not, must not be necessary seems thus reasonable, and is practically proved by the results which are given you below as obtained in a comparatively few cases. Personally I have never seen Brandt. A knowledge of the technique was acquired through the more or less unlimited kindness of my colleagues, male and female, here and in Europe, all pupils of Brandt. To them I am very much indebted for a knowledge of the *finish* in manipulation, which can hardly be learned from any book or monograph on the subject. A general knowledge of the subject has been obtained by reading and rereading Resch's translation of Brandt's work, looking up most of the old and new literature in reference to it (and in the last couple of years much literature has accumulated), and studying all the positions, apparatus, and movements necessary in subjecting a patient to the general treatment which accompanies, in some cases, the local pelvic massage. So, all in all, I feel myself prepared to use the treatment intelligently—and, as my results show, successfully—*without* having studied with Thure Brandt.

As to the low couch for the patient, and lateral seated position for the operator, this is to be said in favor of the combination (one necessitating the other, no one being able to stand and massage if the couch be low): it is less fatiguing to the operator and more agreeable to both patient and operator, considering the nature of the treatment and the length of time it takes. But while thus admitting these advantages, it cannot be said that they are sufficient to make the combination a necessity. On the contrary, it seems more of a

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necessity to occasion a patient as little disturbance as possible, and therefore to proceed to this treatment with the patient in the same relative position to the operator as any preceding or following gynecological treatment may call for, and this is usually the couch, chair, or table at a certain height, with physician facing patient at her feet. It is a positive fact that no local application can be made with patient on the Brandt low couch, and it is undesirable to carry out part of a treatment on one table and then ask patient to mount another table to complete the treatment. Of course in an institution wholly and solely devoted to such treatment it is different, but in this paper this method is considered only as applied by the gynecologist in his office or at the home of patient. As the histories of the following cases will show, the low couch and side position were seldom made use of, but the result was the same to patient and operator, save a little extra fatigue to latter.

In Berlin I first commenced the study of the subject, but there my interest in it and belief in its efficacy gradually lessened under the far from encouraging words of Prof. O., who impressed me more with its dangers than its advantages. Later, in Vienna, I tested its merits, and, although time and material were limited, there I first *saw* its possible good, even under my own inexperienced manipulation, and soon after my return I had an excellent opportunity to prove its worth. The following are some cases taken from my record book:

CASE I.—Mrs. S., age 33, married. Gave the usual history of backache, dragging pains in pelvis, constipation, inability to do household work, weakness, etc., frequent micturition. Examination showed a large, retroflexed uterus, fundus adherent in posterior cul-de-sac, hard, firm exudation surround ing it. After four weeks' treatment, three times weekly, exclusively *local* massage, exudation had gradually disappeared; backache, dragging pains no longer complained of; general well-being of patient was marked; bowels were acting regularly. Uterus itself finally became mobile and was replaced, at first with some pain; pessary was worn with no discomfort, but did not keep organ in place; tampons, glycerined, high up posteriorly and in front of cervix, with knee and elbow position twice daily, were more successful, but complete

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retention of organ in place was not yet secured when I had to give up the case.

CASE II.—Mrs. K., age 22, one year married. Was seen for first time three months after birth of first child. She gave the usual history of acute pelvic trouble following delivery. Examination externally showed a hard, firm mass extending on left side to about level of umbilicus, above pubes about three inches, sharply defined, disappearing on the right side. Internally, almost immediately on introducing the examining finger, a hard, firm, bulging mass was felt in the anterior cul-de-sac, the whole anterior vault, including the urethra, as one continuous firm wall (cases of exudation in anterior cul-de-sac are more the exception than the rule). The cervix was directed backward and to the right; the fundus, large and tender, to the left and immobile. Left parametrium was thick, resisting, not very tender; right parametrium was free. So firm and board-like was the exudation as it extended upward that it was difficult to decide, by external examination, which was pelvic bone and which was exudation. Only the slight depression at the junction of the two bones, together with slight movement of the whole mass obtained by gentle manipulation within vagina, helped to distinguish one from the other. Massage was begun very carefully and very tenderly, patient in bed, which was not too high and thus permitted seated position on the left side of patient At the end of six weeks the exudation had largely disappeared; in the left parametrium was to be found only a small, round, non-sensitive mass, probably not the ovary; uterus, although mobile, had not regained its normal position, being seemingly held in an almost upright position; it was neither sensitive nor enlarged. The abdominal wall above pubes was soft, perfectly yielding, no trace of previous thickening beneath. At no time was there any elevation of temperature. Iodine, tampons, hot douches were also used. Patient was seen six months later and found to be pregnant, feeling as well as physiological condition allowed.

CASE III.—Mrs. A., widow, age 55. No special history. Examination showed the following condition, which patient claimed to have had for several years: Extreme relaxation of anterior and posterior vaginal walls, with prolapse of same

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beyond the vulva. She was treated two to three times weekly, vaginal walls being replaced, massaged; uterus, which was small, being "lifted," and the whole again massaged. Twice daily she took the knee-elbow position, followed by adduction and abduction of knees (*Knietheilung und Schliessung*). At the end of three weeks, in spite of severe bronchial cough in the early part of the treatment, patient was able to go about with comfort, do her household work, including scrubbing (a sort of knee-elbow position), go up and down stairs, and last note in book says, "No more sign of a prolapse." In this case I was able to introduce my whole hand (not the thumb) into vagina, carrying the uterus on tips of fingers, lifting it to nearly level of umbilicus, repeating this "lifting" three times each sitting. Toward end of treatment uterus remained so well up that it could not be touched on ordinary introduction of finger. Patient was treated on a low couch, at end of which operator sat, facing patient. Absolutely no other treatment but the local pelvic massage.

CASE IV.—Mrs. G., age 32, married ten years, never had a child, never pregnant. Patient gave history of dysmenorrhea as a girl, so severe as to necessitate, according to the opinion of physician consulted, an operation, which was followed by pelvic peritonitis. After four years' married life, having no children, she again consulted a physician and again submitted to an operation, pelvic peritonitis again following it. Some years later she underwent a regular course of local treatment, which, she claimed, was each time so painful as to prevent her walking home and requiring her to go to bed when she arrived there. She came to me for relief of dysmenorrhea and incessant backache, but rather reluctant to allow any local treatment, saying it had always resulted in a peritonitis.

Examination showed a large, immobile, anteflexed, left lateral deviated uterus, markedly firm and hard from internal os upward; cervix large, cystic, flat, as if part of same had been removed; left parametrium filled with a non-sensitive, hard exudation, one point only of which was so tender as to suggest embedded ovary; small, tender mass felt behind uterus, supposed to be the right ovary; very profuse discharge. Treatment, which was at first carried on always with the his-

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tory of the previous attacks of peritonitis in my mind, was continued two months, in all fifteen visits, and it consisted of local pelvic massage, rubbing (*Reibung*), stroking (*Streichung*), chopping (*Hackung*), slapping (*Klopfung*) of back, and movements of upper extremities and trunk, as taught by Brandt for dysmenorrhea and exudation. The result was that each successive menstrual period was more free from pain till the third month, when there was no pain at all; discharge quite disappeared; uterus became mobile; no more backache; mass in left parametrium considerably smaller, although uterus remained anteflexed beyond normal and laterally deviated. Patient was seen one year later and reported her condition as very satisfactory, no return of backache or painful menstruation, even during a period of severe mental strain and much physical exercise.

CASE V.—Mrs. G. History of having suffered severely from gastric trouble and no relief, although she had been attended by several physicians. For several months had faithfully followed the Salisbury treatment, with the result that her sister brought her to me, saying "she was surely going to die." Physically and morally the patient was a wreck. Although a person of large frame, she weighed less than one hundred pounds. She could hardly walk across the room, voice was weak and talking seemed an effort, and there was that dumb resignation to what she considered inevitably approaching death that made her whole condition outwardly appear much worse. Examination showed heart, lungs, liver, spleen in normal condition; uterus retroverted and drawn to the left side, enlarged; cervix granular, eroded, bleeding on slightest touch, stellate laceration in one angle of which was a small mucous polypus; left parametrium, an old exudation. She complained of very severe backache, loss of appetite, nausea, constipation, great weakness, pelvic pain and dragging, and inability to do any work. She was treated twice weekly, fifteen minutes' massage of uterus and adjoining tissues, followed by iodine and glycerined tampon applications. At end of six weeks uterus was quite in median line; left parametrium was free; os healthy-looking; uterus replaceable, but would not remain in normal position except with a Smith pessary, which caused no pain; appetite became good; bowels

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acted regularly without any medication, and backache seemed to be a thing of the past. She was seen several times during an interval of two years, during which time she was becoming much stouter, feeling quite well, menopause was establishing itself with no disagreeable symptoms, and the only sign of her former trouble was some discomfort, not pain, in her back when she first arose in the morning. Last examination of lacerated cervix showed os to be otherwise perfectly healthy.

CASE VI.—Mrs. S., age 20, married twenty months; first and only child, easy, normal delivery. History, since birth of child one year ago, of leucorrhea and dragging pains in pelvis, both of which were much relieved by vaginal douches ordered by family physician. For about six months, dating back to last spring, she has been troubled with poor digestion, is low-spirited, nervous, irritable, has lost much in weight, menstruation painful, and again has leucorrhea. All these symptoms seemed much aggravated since an attack of cholera morbus in the summer, with the additional development of constipation, cutting pains across the lower part of abdomen, and sensation as if "everything is falling out." Examination showed *uterus* to be large, heavy, perfectly free, normal position, but quite low, nearly resting on vaginal floor. *Os* patulous, admitting examining finger half an inch: slight laceration and ectropion; lips soft, but rough to the touch, eroded, granular, ulcerated, red angry color, looking as if "worm-eaten"; covered by a thick, muco-purulent discharge. Patient was treated at first very irregularly, later twice to thrice weekly, in all about fifteen times, the treatment consisting of pelvic massage, repeated (each time) lifting and suspending uterus on finger tips, local applications of iodine, ichthyol, glycerin, and ergot internally, with result of discharge gradually ceasing, all discomfort disappearing, perfectly natural daily evacuation of bowels, good appetite, no more nervousness, well-disposed. Locally, uterus became normal in size and position, and os became perfectly healthy in appearance, spite of laceration. Seen about six months later and reported feeling perfectly well, no return of any of above symptoms, although she had walked and climbed mountains while abroad during summer.

CASE VII.—Miss A., age 25, virgin. History of exquisite

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pain in left side of pelvis, referred quite low down in pelvis and to lateral aspect of left hip, with a general dragging heaviness in pelvis; menstruation every two weeks, attended by a circumscribed pain on left side and continuous vaginal discharge. Examination showed uterus more than normally anteflexed, somewhat large; right ovary enlarged, tender, prolapsed, mobile; left side, thickening and tenderness of broad ligament close to uterus. Patient was treated about six weeks, twice weekly, with local massage through abdominal walls and posteriorly over back and hips, with general movements tending to withdraw blood from pelvis, result being such that, feeling free from all pain and discomfort, although local condition did not justify it, treatment was given up by request of patient, to test its benefit. Was seen two months later and reported feeling very well, only an occasional transitory pain in left hip. One year later came to my office to ask for a pelvic massage, saying the old pain in left side had come back after playing a game of tenpins. One thorough massage relieved this, as reported later. In this case cure was possibly much assisted by a course of hot sea baths, followed by a sojourn in the mountains, immediately after treatment, as patient was subjectively perfectly well.

Case VIII.—Mrs. U., widow, a midwife by vocation. History of incontinence of urine, no tenesmus, but almost constant dribbling away of urine, with decided flow on coughing or sneezing. Examination showed a retroverted uterus, which seemed, together with nervousness, to be sufficient to account for the above trouble, especially as no local condition was found and urine was healthy. Massage according to Brandt, with replacement of uterus—the bladder-lifting with quivering motion being omitted—resulted, after four to five treatments, in complete retention for one week, but patient developed *la grippe* and attributed the pains all over body to the local and general massage, and refused further treatment.

Case IX.—Mrs. F., married, four children. History of "feeling miserable" for years (in spite of repeated medical treatment), of frequent headaches lasting several days, dragging pains in pelvis, dysmenorrhea, weakness—"miserable all over," as she described her feelings. Her face expressed

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pain, weariness, and she looked as if ready to cry any moment, although she said she was not naturally an hysterical woman. Examination showed uterus large, movable, but with pain; cervix large, lips thick, numerous small polypi from most minute size to about one-quarter of an inch long, like a fringe along edge of cervical mucous membrane, marked tenderness and some thickening of utero-sacral ligaments. First massage treatment was followed by severe pelvic pain for two days, according to patient's statement, and she remained away a week, then returned feeling better, and treatment was continued regularly twice weekly. Headache and backache and "miserable feeling" disappeared; menstruation was painless. After second month of treatment small polypi were removed from cervix, partly with scissors, partly with curette. After this patient gave up treatment against my desire. Five months later reported feeling perfectly well, although she had had very serious family troubles.

CASE X.—Mrs. S., age 44, married, mother of large family. History of continual backache, frequent pains running down outer aspect of legs, feeling as if "everything is falling out": slight discharge at times only, but then accompanied by weakness and increased backache; pain preceding menses, which for several months have been very profuse; cannot do any work or concentrate attention on anything; cannot walk any distance; nothing affords her any pleasure or distraction, contrary to her nature when well; is very nervous and anxious about herself; bowels very irregular in their action. Some of these symptoms indicated the menopause, but examination showed anterior and posterior vaginal prolapse; *uterus* enlarged, very broad, thick, quite low in cavity; *os* patulous; *cervix* firm, stiff, hard—whole organ almost upright in pelvis; tenderness and thickening of utero-sacral ligaments; and running along left side, quite posteriorly, an irregular, cord-like mass, which was considered enlarged lymphatics. As a result of first treatment—which consisted of usual pelvic massage, partly in direction of lymphatics, lifting and supporting the uterus, with "stroking," "chopping," "knocking" of back—patient felt very much worse, but continued to be treated, gradually reacting extremely well, and after two months' regular treatment, twice weekly, patient had no more discharge,

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bowels moved regularly, absolutely no more backache—felt as if she had "no internal organs at all," as she described her improvement; could walk a couple of miles once or twice daily; enjoyed things in a way she thought impossible a few months ago. Locally, the uterus was much smaller, somewhat higher; no more tenderness or thickening in utero-sacral ligaments. She reported, two months later, that she was feeling very well.

CASE XI.—Mrs. S., married, two children, youngest 4 years old. History of leucorrhea for years, in spite of local and general treatment, and special stress laid upon a distressing "far-away," "fainting-away" (words of the patient) sensation, always with menstruation, which is regular, not too profuse. Examination showed *uterus* in normal position, large and firm to the touch; *lips* thick, but soft, granular, eroded, bleeding easily; profuse, thick, muco-purulent discharge; tenderness and thickening of posterior ligaments. First treatment was followed by pelvic (?) pain lasting two days, but treatment was nevertheless continued regularly for two months, twice weekly, with local medicated applications, the result being that discharge ceased, each menstrual period was free from above-described feeling, uterus became much smaller, lips normal in size and appearance. Latest report, patient is pregnant.

CASE XII.—Mrs. P. No previous history in book. Examination showed *uterus* to be large, quite long, alternately firm and soft, easily bent on itself at certain points, Schröder's chronic metritis; *cervix* large, cystic, and granular; some tenderness in left parametrium and along utero-sacral ligaments; backache, constipation, and gastric disturbances; frequent micturition day and night, at times incontinence. Treatment, which was both local through abdomen, and over back, twice to thrice weekly, resulted in micturition becoming normal; disappearance of all pelvic tenderness and gastric trouble; bowels and appetite perfectly normal, and general condition remarkably improved. Locally, whole uterine organ much smaller, and lips almost perfectly healthy in appearance.

Method of Treatment, with Remarks.—Massage was always continued up to, and suspended during menstruation; Brandt advocates its continuation during this period, but it seems to me more desirable not to thus disturb a physiological func-

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tion. It was again resumed two days after menstruation had ceased; often then there was a marked pelvic tenderness which required very gentle manipulation, under which the tenderness quite disappeared before the day's treatment was completed. Bladder was evacuated by patient before she mounted the chair, and a free evacuation of bowel was solicited, either naturally or artificially, as short a time as convenient before treatment, thus avoiding not only the possibility of hard scybalæ being mistaken for ovaries, enlarged glands distended, twisted ends or parts of tube, but also the pain attending the massage of these between vagina and abdominal walls. Corsets were always removed, all bands and strings were loosened, as it is absolutely necessary—of which Brandt makes no mention—that the whole abdomen be under control of the operator, and that respiration be free and unrestrained during treatment. Patient lies with upper part of the body quite flat, head sufficiently raised to make her comfortable; buttocks are drawn quite to edge of chair or table; legs flexed on thighs at an angle again comfortable to patient, as this must vary with length and stoutness of limbs; knees are turned out; feet separated, resting on supporters or edge of table or chair; trunk just flat enough to secure full relaxation of abdominal muscles. The same position was taken in bed or on couch. During laughing, sneezing, yawning, etc., massage is interrupted, as a continuation of it is then painful to patient and calls for unnecessary exertion on part of operator, who at all times, during each treatment, must several times rest for a minute. Patient was covered with a sheet extending quite over hands and arms of operator, thus avoiding any exposure. Previous to commencing the day's treatment examination was made in every case to note any change for better or worse since preceding treatment; for its disadvantages when not properly done, and on the other hand its good results when carefully carried out, develop in the intervals of treatment, and can be more surely proved by the examining finger than by the subjective symptoms of patient, as often she complains of pain which on examination is found to be only superficial, confined to abdominal walls. Vaseline, both on examining or supporting finger within vagina and manipulating fingers over abdomen, was always used, just

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sufficient to allow the latter to glide easily over abdomen and thus avoid the dragging, pinching up of the dry skin, which otherwise adheres to the fingers and causes pain and tenderness at the time and after treatment. Brandt's injunction to begin with large, superficial circular motions beyond limits of mass or point to be massaged was followed closely, it having its rationale in the fact that thus the excitation to the circulation is derivative, absorption is favored of the latest portions of the exudate, which are also the most readily absorbed, normal circulation is gradually established nearer the central portion, to which one gradually comes. This precept, "rather too little than too much," is wise and reasonable, as the cases most suitable for this treatment are often just those which under undue stimulation develop a local peritonitis, while the treatment to the operator is so simple that he is forgetful of danger at the moment and apt to push it a little too vigorously at first. That even with this precaution in mind, owing to an unusual susceptibility, disagreeable symptoms may arise is seen in above Cases IX., X., XI., although I am not sure that the pain there complained of was deep-seated, but am inclined to believe it was in the abdominal walls, for on examining a day after in one case, three days later in another case, nothing was found. All manipulation was at first superficial—that is, the daily commencement—but gradually made deeper; and if the patient complained of pain it was immediately but gradually made superficial again, otherwise the deep manipulation was kept up. It was interesting to note how, during each treatment and from treatment to treatment, the sensitiveness to deep manipulation slowly decreased, which is very desirable, as the deep pressure accompanies the large and small circular, quivering, trembling motions—in fact, all the variations of massage.

In cases of exudation, chronic metritis, just before the final large circular massage was done, a gentle, persistent stroking upward and outward in direction of lymphatics was practised, following their course as described by Leopold.

As to the "lifting" of the prolapsed uterus, with or without prolapse of the vaginal walls, the attempt according to Brandt's direction was never successful, perhaps due to lack of a proper assistant. This want of success would have been

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more discouraging if the same lack of success had not been seen in the attempts of some of Brandt's pupils, here and abroad, who had the required assistance. Still I have repeatedly been told that it can be done and has been done. In cases requiring this method the following was resorted to: first, replacing the posterior wall by quivering, stroking motion backward and upward, from without inward, repeated several times; then, if possible and if called for, putting uterus in normal position, holding it on tips of index and middle fingers of supporting hand within vagina, with fingers of external hand acting as a gentle support through abdominal walls to posterior surface of body of uterus, gently, gradually raised it upward and forward till patient said she felt it; at this point, or *just* below it, it was kept for a half-minute, and then as gradually allowed to come down as low as it would on supporting fingers, these latter being then slowly withdrawn. In this way, as the fingers entered deeper and deeper or higher and higher into the vagina, the posterior wall was pushed in front of them and put on the stretch, and on withdrawal a certain rebound, partly muscular and partly elastic, is supposed to take place, similar to that, in inverse action, under the electrodes of a faradic battery, and acting similarly as a tonic to the tissues. In very large, much-relaxed vaginæ it was easy to introduce all four fingers, and separating them when within, partly on tips, partly on sides of fingers, the vaginal walls were controlled as uterus was elevated. With the uterus thus kept elevated and forward, its posterior surface—especially in cases of chronic metritis—the posterior cul-de-sac, and ligaments were gently and firmly massaged. The "lifting" was repeated each visit three to five times, the whole treatment in any case lasting from twenty to forty minutes. No restraint was placed on patients' actions after treatment, save after first and second visits, when they were requested to go home immediately and rest on back—not that any local trouble was anticipated, but because the constrained position in the gynecological chair, to those unaccustomed to it, often causes a painful fatigue which requires rest. In no case was any disagreeable excitement noted or reported. Most cases were treated twice weekly, some few thrice weekly. This was owing to force of circumstances rather than to

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inclination or judgment; for had it been possible to control both patients and time fully, each patient would have been treated daily, as I believe that daily treatment secures the best, quickest, and surest results. In some cases, as noted, pelvic massage *only* was resorted to—that is, with the supporting finger in vagina, quite beneath the organ or part to be massaged, the external or manipulating fingers on abdomen over point corresponding to supporting finger. In other cases this pelvic massage was preceded by the stroking, chopping, beating motions over back, as prescribed by Brandt. And again, in others, both of the above were followed by some of the general movements which tend to divert the blood from, or draw it to, the pelvis. And, finally, although massage was the chief treatment, it was completed often, although not in all cases, by local application of iodine, ichthyol, glycerin, boroglyceride, douches, etc.

In thus completing the treatment the question may justly be put as to whether the good results obtained were due to massage or to the local applications. As a contribution to the decision of this question I would emphasize the fact that Cases I. and III. received *no* medicated local applications and did very well; that several of the cases had been previously treated by other physicians with the usual applications, but with no good results; and that in my cases there were no good results till I commenced massage. Furthermore, it must be noticed that these results were obtained in much shorter time than would be possible under any other method. Finally, if, in addition to all these considerations, we remember that the very nature and mechanism of massage suggest it as an excellent therapeutic agent in these cases, I think I am justified in claiming the above satisfactory results as due chiefly to massage.

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