

PELVIC MASSAGE IN GYNÆCOLOGY.

BY W. H. RUMPF, M. D.

Massage is indicated in all cases in which it is desired to help Nature improve the circulation, either by absorption of the products of exudation or by increasing the tonicity of tissues that have become inactive and congested. These pathological conditions are more liable to occur in the uterus and its appendages than in any other organs in the body ; therefore, if pelvic massage can be made practicable, its use is certainly indicated. The experience of excellent gynæcolo-

gists both of this country and Europe has proved that it is practicable, and the results obtained have been very good.

The originator of the system, Thure Brandt, of Stockholm, a teacher of Swedish gymnastics, met with adverse and spiteful criticism, until Schultze of Jena at the instigation of Profanter of Vienna tested his methods by turning over to him a certain number of cases for treatment; the result of this test was published by Profanter and warmly indorsed by Schultze in 1887. Since then the disciples of Brandt have rapidly increased. The general indications for the use of massage are well stated by Dr. H. M. Vineberg in a recent paper as follows :

“Residua of inflammatory processes; cicatricial contractions; thickening and shortening of the several uterine ligaments; wide, loose adhesions cementing together the peritoneal surfaces; firm, stout cords and bands passing from organ to organ or from organ to pelvic wall; displacements and fixations of the uterus, tubes, and ovaries.” The contra-indications are pus and malignant growths.

The technique of pelvic massage is not easy to acquire and is difficult to learn from written description.

Technique of Pelvic Massage.

The patient lies with her hips resting on the end of a low couch, with the thighs and legs flexed, and the feet resting on a chair placed about a foot from the end of the couch. The operator sits at the left of the patient and introduces one or, better, two fingers of the left hand into the vagina, passing his arm under the left knee of the patient. The sole purpose of the fingers in the vagina is to raise or fix the parts to be treated. The massage is done entirely with the right hand.

The first objection commonly made to massage is that it arouses erotic sensations and may lead to masturbation. There is, however, very little irritation if the fingers are kept, as they should be, on the floor of the perinæum, away from the clitoris, and perfectly quiet.

After having introduced the fingers of the left hand, the right hand is placed on the abdomen, passing from above under the skirts, which have previously been loosened at the waist. The massage may now be commenced. Great tenderness may make this difficult, but is not a contra-indication, because tenderness alone is an indication for massage. It should consist of gentle, circular motions in the direction of the venous circulation of the organ to be manipulated. Brandt himself gives this rule : “Begin all massage gently, more in the

surrounding of the diseased part, and when the first tenderness has disappeared bear on more heavily, taking short rests in between. Stop the massage gently as you began, and finish by placing the hand flat on the abdomen or by making a few short, vibrating motions."

This procedure should be repeated daily; the time of each treatment should be about ten minutes. Menstruation is not necessarily a contra-indication; in fact the treatment will often be found most beneficial at that time for the relief of dysmenorrhœa. It may be difficult at times to exclude the contra-indications—that is, pus and malignant growths. The massage itself aids materially in making accurate diagnoses. The pain which makes it difficult to accurately outline the organs at the first examination is in itself an indication for the massage. It is astonishing how much relaxation can be obtained by the use of massage for a few minutes.

An important factor in pelvic massage is the contractility of the uterus. Arendt and other investigators have shown that any uterus, after being manipulated for some time, will contract. This is most strikingly illustrated in the puerperal uterus, but it is very frequently noticed during the massage of a non-puerperal uterus, and it is easier to map out from its surroundings a uterus that is hard than one which is soft and flabby.

Another and most valuable result which is obtained incidentally from massage treatment is the regulation of the action of the bowels. In all cases in which there is chronic constipation—and the exceptions are few—the treatment should be concluded by making the circular movements for a few minutes along the ascending, transverse, and descending colon, and the results have been very gratifying. This natural mode of regulating the bowels has a good effect in turn on the other pelvic organs by relieving the pressure from distended intestines on blood-vessels.

Of the more important pathological conditions in which massage has been found especially useful, the first is retrodeviation of the uterus with firm adhesions, thickening and infiltration of all ligaments. In such cases the object of the massage is to relieve the pain and congestion, to gradually raise the uterus from its fixed surroundings, and, finally, to keep it in position. The first of these requirements is nearly always fulfilled. The second is more difficult and the third the most difficult of accomplishment. By pulling at the adhesions every day, and by this perfectly mechanical method increasing the circulation, the regeneration of the muscular and elastic tissues of the ligaments is facilitated and at the expense of the tissue foreign to the ligaments

—namely, the fibrous tissue which has increased in consequence of inflammation. In other words, massage helps Nature to restore to the organs their normal tonicity by mechanically removing the obstacles which impede proper circulation. A factor in the treatment which assists the massage proper is the lifting of the uterus for the purpose of stretching the adhesions. Although the uterus is being constantly lifted by the inner fingers during massage, Brandt has also devised a very ingenious method of accomplishing this from the outside. This manipulation requires an assistant, who fixes the uterus, parallel with the os sacrum, between his two fingers in the vagina and his outer right hand. The operator now places his hands under the right hand of the assistant, the ulnar sides of his hands close around the uterus, grasp it and pull it upward toward the navel. After a little practice this is easily accomplished and traction will be exerted not only on the posterior but also on the anterior or vesico-uterine adhesions which frequently, by shortening the anterior vaginal wall, prevent perfect reposition of the uterus. On this procedure depends principally the successful fulfillment of the third requirement—namely, retaining the uterus in its proper place.

The second pathological condition calling for pelvic massage is chronic parametritis and perimetritis. In these conditions the ligaments are thickened by the products of inflammation. This thickened mass compresses vessels and nerves and causes a host of distressing symptoms. In these cases the massage should always be given gently at first, and may afterward be increased so that even the whole right hand or fist may be used.

The third pathological condition in which massage may be useful is chronic metritis; and the fourth, prolapse of the uterus. The successes obtained in the treatment of prolapse have apparently been obtained only by Brandt and a few others, and I believe that in this pathological condition we must first resort to other methods of treatment. In the forms of prolapse in which the pelvic floor is comparatively solid and not weakened by perineal lacerations, in which, in other words, the prolapse is due simply to a relaxation of the supporting ligaments of the uterus from subinvolution, Brandt's treatment may produce good results. In the other forms of prolapse the perinæum must first be restored.

In conclusion he says I do not consider massage a cure for all diseases of the female generative organs. It is in many cases only a helping therapeutic agent. The curette has its undisputed right in diseases of the uterine mucosa. The tampon, pessary, and douche

also have their place as valuable adjuvants. I should like to claim for massage, however, not only the right to be named in text-books as a therapeutic agent, but as an agent which deserves a place in the front rank.

DISCUSSION.

Dr. E. C. DUDLEY : I have but a word to say, and that of approval. Dr. Rumpf has treated several patients whom I have referred to him, and the success has been gratifying. In two or three cases the uterine appendages were perhaps saved from removal—that is, the indication for removal would have been sufficient in the minds of many operators. The treatment is not applicable, unless carried out for a very long period, in cases of prolapse of the uterus, when it is due to relaxation of the pelvic floor. There is a disposition among Americans to want something and to want it right away. This treatment does not meet the desire for prompt and rapid results. If the same patience could be used in the application of massage that is used by Brandt and some of the European operators, intractable cases, even of prolapse of the uterus, might be much more frequently benefited or cured. Massage is chiefly curative in long-standing, chronic inflammation of the pelvic organs, with exudates and adhesions without the presence of pus.

This treatment appears to rub out the exudates, and often to break up or stretch the adhesions. Massage is a very much neglected department of gynecology. It is disagreeable to give and is time-consuming, but the good results justify its use.

Dr. A. H. FOSTER : Massage has interested me, not because of my own practical experience, but because I have found patients who had been under treatment by eminent gynecologists for one, two, or three years, and, with the apparition of the ablation of enlarged and prolapsed ovaries hanging over them, have been recommended by other sufferers to Dr. Swissmilk, of Delavan, Wisconsin. I have in mind a case in point. I had known the patient for several years. She had been under the care of some of our most eminent Fellows for complete prolapse of the uterus following premature labor, with enlarged, tender, and prolapsed ovaries, but her case seemed to be irremediable. She was recommended to Dr. Swissmilk, of whom most of us have known for the last fifteen years. His special treatment is pelvic massage. She was under his care eight weeks and came home practically cured. In two months from the time she returned she became pregnant. I attended her in confinement. She had a normal labor and is now as healthy as the average woman.

The point made by the author of the paper that many an ovary has been saved by pelvic massage, is true in this case. This patient gave me in detail the minutiae of his treatment. She said that she was first placed upon her face on a frame couch, and her spine vigorously rubbed for a few minutes from the nape of the neck to the coccyx, then lightly tapped over the sacrum. She was then placed in the position referred to by the essayist and rubbings instituted over the uterus and deep in the inguinal region on both sides. His time of treatment was fifteen to twenty minutes each day. The patient was then turned upon her face and required to remain prone for half an hour, then directed to dress and take a walk until she began to feel fatigued, then to lie down upon her face until rested, and, finally, to walk again. He says American women do not walk enough, they need this kind of exercise, and this constitutes half his treatment. This treatment is too slow a process for the average American surgeon. Our president must have had some experience, since he is the author of a paper on massage; and one of our lamented Fellows, Dr. A. Reeves Jackson, gave a very extensive yet concise paper on massage in 1887, which may be found in the *Transactions of the American Gynæcological Society*. It is interesting to observe how slowly this method of treatment advanced for many years, but since 1880 it has progressed very extensively. I believe there were at least fifteen German physicians between 1887 and 1890 who presented papers on massage. The priority of this method is rightfully claimed by Thure Brandt, because the one who brings a treatment to the general notice of the profession is practically the originator. Massage was practiced in part by a Dr. Sinclair, of Boston, as early as 1866, but he did not develop the system of treatment. In Dr. Swissmilk's treatment there is more or less of pelvic gymnastics. Some masseurs encourage, in case of prolapse of the pelvic organs, voluntary action of the levator ani and other muscles, by having the patient lie flat upon the back, cross the limbs, and raise the pelvis, and also by adducting and abducting the muscles of the thighs against opposing forces.

Dr. A. GOLDSPOHN (present by invitation): I fully agree with Dr. Rumpf that massage has not been fully developed. The paper is a faithful presentation of the principles, technique, and indications as set forth in Thure Brandt's book published in Germany in 1891, with a second edition last year. Brandt is not a physician, and has only one remedy, therefore he has to accomplish everything with massage. Physicians have many other remedies, and to them massage supplies a missing link in minor gynæcological practice. It comes in as treat-

ment in a certain stage of the disease, the whole conduct of the case requiring in addition other means of treatment. My experience with massage has led me to modify Brandt's position as described by Dr. Rumpf. I have found from an experience of ten years that the left hand should be used for examination of the left side, and the right hand for the right side. This it is not possible to do with the Brandt posture. Another difficulty in giving massage is to sufficiently relax the abdominal wall. This is obtained to some extent by pressure and circular rubbing, but it may be increased by flexure of the abdomen, the pelvis and shoulders being on the same level. This may be accomplished with a good gynecological chair. I prefer to stand while giving massage. Massage is most useful in the treatment of retro-displacements of the uterus with adhesions. I have treated almost exclusively with massage no less than one hundred of these cases, and I have obtained good results.

Massage is preferable to operation in these cases, because abdominal operations can not be made without adhesions following. Sepsis is the chief cause of adhesions, but there are other causes which can not be eliminated. I know from experience that abdominal section may often be avoided by the skillful use of massage. Another important indication for massage is an adherent and prolapsed ovary. Subinvolution of the uterus can be better treated by other means than massage. An accurate diagnosis should be made before attempting to use massage. Massage should not be employed when acute inflammatory conditions exist; massage should not be given when pus or cystic tumors exist; massage should not be used when carcinoma, sarcoma, tuberculosis, or syphilis are present. I would not advise massage in patients addicted to masturbation.

Dr. G. W. REYNOLDS: I do not wish to underestimate the value of massage as a therapeutic agent, but it seems to me that this remedy will never become popular in this country, because it is disagreeable both to the patient and physician. Subinvolution of the uterus, metritis, and perimetritis with exudate, I believe, can be treated as well by other means as by massage. Metritis can be cured, if the case is not septic, by keeping the patient in bed with elevation of the pelvis, by using hot douches and by regulating the action of the bowels. Hypertrophy of the cervix with glandular disease, and prolapse of the uterus, can also be cured by amputation of the cervix. In the case of retroversion of the uterus reported by Dr. Sinclair, of Boston, as cured by massage, I notice the patient was treated in the genupectoral position. The cure by massage of a case of hæmorrhagic metritis, re-

ported from Stockholm, is ridiculous, because we know in these cases the mucosa is always infected and can only be cured by curettage and irrigation.

Dr. W. H. RUMPF, in closing the discussion, said: I have not much to add to what I have already said in my paper. I agree in the main with what Dr. Goldspohn has said, and he has mentioned many things which I omitted. I do not quite agree with him, however, as regards the position of the patient. Everything to be desired can be accomplished by using the position outlined in the paper and with a much greater degree of comfort to both patient and operator. Nor do I agree with Dr. Reynolds, who thinks that this form of treatment will not become popular because it is so disagreeable. There are no forms of gynæcological treatment very agreeable to the patient, and though this objection may retard somewhat the more general introduction of pelvic massage in gynæcological treatment, its efficiency will in the course of time gain for it its proper place.