

A CLINICAL STUDY IN PELVIC MASSAGE.

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The purpose and scope of this paper is not to discuss the merits or demerits of pelvic massage. This is a matter which will necessarily follow the adoption of any new treatment, and especially one that is in any way open to objection. At the very threshold of this subject it is easy to anticipate the objections which are likely to be raised relative to the handling of organs and tissues which are the local seat of sexuality and passion. Yet that liberality which characterizes the true physician and surgeon will always seek to find the level by which any new treatment can be taken.

Therefore, it is not for any one to emphasize or declare the status of a treatment which must be judged entirely upon those results which accrue from its practical application. Accordingly, this paper will not only deal with the positive but with the negative results, the basis of which is the record of some fifty cases covering a period of almost one year.

This particular study of pelvic massage was at the suggestion of Dr. Charles B. Penrose, who proposed a trial of this treatment in the out-door department of the Gyncean Hospital. A graduate nurse was secured who had given her time to the study of this particular massage, under the tutorship of a pupil direct from Brandt of Sweden.

Twenty of these cases were undeveloped infantile conditions of the pelvic organs, especially of the uterus, with those symptoms which characterize more or less such a condition; scanty and painful menses, often irregular and mostly attended by those nervous reflex manifestations which make these cases among the saddest and most unsatisfactory that can be met with.

Case 1.—Miss D., aged 24 years; puberty at 16; menses very scanty, lasting only a few hours, attended with severe central abdominal pain, also intense low down backache. Flushes of heat, headache, more or less mental depression and constant worry; bowels constipated. This embraces the history since puberty with the exception that her menses, which are less frequent, are attended with more pain. Examination revealed a small infantile uterus. It was impossible to palpate the ovaries; otherwise negative.

Pelvic massage was advised and the first treatment given September 19, lasting fifteen minutes. A treatment again on September 22, 24, 26, 28, October 1, 3 and 6, period coming on the next day, October 7, lasting two full days, then stopped. Treatment was resumed October 11, when she again com-

menced to flow and continued for twenty-four hours. She had more flow and much less pain than ever before during any single period. Second period came on November 4, lasting until November 6, and returned November 9, lasting twenty-four hours. She had more flow and it was a better color. Third period December 2, lasting until December 3, returned on December 6, lasting two days, attended with less pain and more flow than at any other past menstruation. Fourth period January 1, lasting for three days with no pain, more flow and lasted longer than any period heretofore. During these months the treatments were continued every third day. An examination in January showed the uterus to be larger in every direction and more fully developed.

These treatments were omitted in January, a request made to the patient to call once a month; this she failed to do and I did not see her until the first of May, when she was again examined and everything found satisfactory. The history since has been normal as to time, lasting three days with no pain worth speaking of.

Case 2.—Mrs. B., aged 35 years; puberty at 15; scanty, painful menstruation; married three years, sterile. Examination showed small undeveloped uterus, ovaries not palpated; pelvic massage advised. First treatment September 22 for fifteen minutes; September 24, 26, 28, 30, October 2, 6 and 9, menses appearing on this day, scanty, less pain and lasting five days. Second menses November 12; had pain and cramps; dark-colored clots and very offensive. Third period December 14, lasting five full days; free flow and no pain or discomfort.

These treatments were continued every third day in this case.

At the expiration of four months an examination showed a marked improvement and a better development of the uterus in every direction. This patient in March was free from all symptoms.

The third case illustrates that principle which has no exception, that certain lines of treatment may cure some cases and not others.

Case 3.—Annie W., aged 18 years; puberty at 17; always had irregular, painful, scanty menstruation. Examination showed infantile condition of the uterus; ovaries not palpable. After seven treatments the menses appeared with severe cramp-like pains. Second period did not appear for two months; she had more flow than at previous menstruation, the pain being a trifle less. The treatments in the meantime were continued every third day. After six months there was little change so far as her symptoms were concerned. Upon examination there was a decided improvement in the development of her uterus.

These three will give in a general way the results so far as the twenty individual cases are concerned, and so far as this particular condition is present, probably two out of three are much improved; the other third, so far as their symptoms, no better. In all these cases, after two or three months treatment there was improvement in the local condition or development.

The next series of cases embraces five patients on whom celiotomy was done, four of these for removal of the appendages, one a hysterectomy; all of these returned with severe pain in lower abdomen. The cases in which the appendages were removed referred their pains largely to the ovarian region, either one or both sides. Several of these were known as our regulars, having been coming almost every three or four days for a year; no doubt feeling as many of these patients do, that they are the wards of the hospital in which they have been operated on.

The history of several of these cases is as follows:

Mrs. H., removal of both ovaries for tubo-ovarian abscesses, one year previous. Pain in both ovarian regions, especially on the right side. Both stumps were found to be tender, so much so that she would cry out with pain upon the slightest pressure over this region. Having exhausted all resources, both local and otherwise, pelvic massage of twenty minutes séance every third day was advised. The patient was much better after the fourth treatment, and after a dozen treatments all tenderness and soreness had disappeared.

Mrs. W., the hysterectomy case, was operated on eighteen months ago for commencing malignant disease of the fundus and had been a frequent visitor at the dispensary, complaining of severe pain and soreness all over lower abdomen. Examination revealed tenderness and soreness throughout the pelvis,

otherwise everything normal. Physiologic senile changes were apparent. As a last resort pelvic massage was advised and at this date she has only had six treatments. The tenderness and soreness is slowly but surely disappearing.

The other three patients, like so many dispensary cases, drop out if they feel a little better. Neither of these had over three or four treatments and we know little as to the result so far as they are concerned; one of them reported and said she was well.

Another interesting case in this group was Mrs. R., aged 27 years, married three years, sterile, complaining of severe pain on sexual connection, so much so that she has become melancholy and unhappy because of her inability to discharge the marital relations satisfactorily to herself or husband. The uterus was found sharply anteflexed, with great tenderness over the uterosacral ligaments; otherwise negative. This patient gave a history of having had a dilatation of the cervix, pessaries and all sorts of treatment. Pelvic massage was advised as a last resort and as an experiment. After a dozen treatments of twenty minutes duration every third day this patient reported for examination, when all tenderness had disappeared and the marital relations were most satisfactory.

In a summary of the results obtained thus far from pelvic massage at the Gynecean Hospital, there can be no hesitancy in stating that in selected cases of undeveloped infantile conditions of the pelvic organs it deserves first consideration. There may be cases of this class in which, from a moral standpoint, it would be better not to advise it; but to condemn a treatment which offers prospective good simply because there is an occasional one whose perversity or frowardness would be against its use is, to say the least, contrary to that liberality of medical men who have always accepted those truths which are founded on practical results.

In tender stumps, after removal of the appendages, and indeed after all surgical measures for inflammatory or chronic pelvic disease, where there remains a certain tenderness with or without adhesions, provided sufficient time has elapsed to overcome these conditions, which would contraindicate massage anywhere, it offers a promising field.

In old exudates, the result of pelvic cellulitis, etc., it is worth a trial. In one instance, good results were obtained where all other measures failed. In anteflexion with tender uterosacral ligaments, or in any general pelvic tenderness without inflammatory pathologic conditions and associated, as many of these cases are, with painful coitus, pelvic massage offers the most promising results, as three of these cases have verified.

In the cicatricial tenderness which sometimes follows plastic operations, it acted very satisfactorily in one case.

In simple uncomplicated endometritis it only increased the leucorrhœa and appeared to do more harm than good.

In subinvolution complicated, as these cases mostly are, by endometritis, it increased the discharge, aggravating the endometrial condition, which continued the subinvolution.

In retroversion, with or without adhesions, it gave negative results; and in one instance where there were firm adhesions, uterus fixed, it greatly increased the lumbosacral pains as well as other reflex symptoms.

In fibroid conditions it stimulated them to more rapid growth, and increased the menstrual and intra-menstrual discharge.

In tubo-ovarian disease, chronic or inflammatory, or any inflammation about the appendages, it is capable of doing much harm.

One important point noticed in most of these cases

was that the massage increased intestinal peristalsis, and produced a regularity of the bowels which was unknown to most of these patients without large doses of cathartic medicines.

It is to be regretted that sufficient time has not elapsed to speak advisedly as to the reliability of this treatment in sterility. But it is not too much to say that the satisfactory increase in the condition of the organs dependent upon pregnancy has been such as to give us encouragement in this unfortunate condition. One of these cases, in which sterility has existed and in whom there is marked improvement in the development of the uterus and regularity of the menses, has missed one menstrual period, associated with other signs of early pregnancy.

It has been noticed that, in a number of these cases, there was a concomitant condition of hemorrhoids, which were relieved in every instance. Whether this was due to the increased intestinal peristalsis producing a normal action of the bowels, or by stimulating these veins to greater activity, as well as the increased cellular changes taking place in the infiltrated connective tissue surrounding the rectal veins incident to the massage, is a question to be answered only in a further study of its value in this condition.

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