

TECHNICAL MEMORANDA, OPERATIVE AND OTHERWISE.

(Under this heading will be published from time to time notes on points of practical interest in regard to methods of treatment, operative and therapeutic, and on the general management of Obstetrical and Gynæcological cases in hospital and private practice.)

Manual Treatment in Diseases of Women.

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MANUAL treatment, manipulation, all that can be expressed comprehensively by the word "massage," is beginning to be a recognized form of treatment in this country, as it has been for some time in Scandinavia. Fractured limbs are now not permitted to suffer muscular degeneration from inaction, but are rubbed perseveringly during the time of their fixation in splints; and sprains, with similar treatment, can be practically cured in a week. If so much can be done in this way for the muscles of locomotion, it is easy to understand that the muscular layers of the abdominal wall and the muscular elements of the internal organs will respond to similar treatment in an equally satisfactory manner.

Vol. III. of this JOURNAL contains a review of a book recently published by Dr. Norström of Stockholm, in which he explains his adoption of this treatment, and cites cases where he found it beneficial when all other methods had failed. His procedure consists in fixing the uterus by means of two fingers of the left hand placed in the vagina, while the right hand, on the abdominal wall, carries out the various movements of effleurage, pétrissage or malning, according to the nature of the case or the stage of the treatment. He reports almost immediate improvement and a large percentage of cures after sittings varying in number from 30 to 46.

In this country, massage has not taken the honourable place in the professional mind which it occupies in Scandinavia, where it is carried out by qualified practitioners, and not by otherwise unscientifically trained nurses. For this reason, its full advantages have never been fairly tested and proved to the satisfaction of an English professional community. It is possible that Norström's procedure would be regarded as too startling an innovation by British patients, who have become accustomed to surgical interference rather than to prolonged treatment of a more simple nature; and it would certainly

be more suitably carried out by medical women. A great deal may be done, however, by confining the manipulation to the abdominal wall, and endeavouring to restore to its muscular fibres the tonicity which they have lost, first by tight lacing, and subsequently, it may be, by various deviations from the normal consequent on weakness and disease. In the first place, the corset of civilization, even in its loosest and most innocuous form, always interferes with the muscular movements of the abdominal wall because of its rigidity; that quality, even when no actual tightness is present, preventing the bulging of the walls in one place and their retraction in another necessary to some of the movements of the trunk. Tight lacing is not so fashionable as it was some time ago, but there is not one woman in a hundred whose muscles have had free play all her life, and in many cases they are in the condition of the limb muscles after a fracture has been six weeks in splints. It is true that the fixation has not been so complete or so continuous, but that is counterbalanced by the length of time during which it has been kept up. The external and internal oblique and the transversalis muscles, therefore, are hardly ever found in a state of normal vigour in women; and when a strain comes upon them, such as the stretching during pregnancy, they are liable to be affected permanently by it in a way that would be impossible if they were as strong as they ought to be. Thus weakened, they are easily stretched beyond a point suitable for the recovery of their resiliency, and their want of tone influences the pelvic organs, the ligaments of which extend to the abdominal parietes. The faulty clothing having been discarded, the muscular fibres will be materially strengthened by a course of suitable massage which will prove a valuable addition to any other treatment found necessary. Manual treatment of the muscles is beneficial after childbirth and after abdominal operations, in both of which circumstances it will shorten the time of recumbency in bed, and prevent the evil effects of getting up too soon. After ventral fixation, massage of the muscles will lessen the risk of their stretching, and thus causing the relapses which are sometimes reported. Sometimes there is no definite lesion, as in one case treated by me, a mother of three children, who complained of a feeling of laxness in the lower part of the abdomen, with slight prolapse of the vagina, altering the position of the meatus urinarius so that the call to micturition had to be promptly obeyed. Daily massage for 10 or 15 minutes for a little over three weeks, without any alteration in the patient's active life, resulted in the restoration of tone to the abdomen, the disappearance of the vaginal prolapse, and no further trouble with the urethra. The pelvic blood-vessels and lymphatics can also be influenced by suitable manipulation. Some forms of menorrhagia and leucorrhœa, where no acute inflammation exists, are helped by a course of manual treatment directed towards

promoting the return of the blood by the pelvic veins and stimulating the action of the lymphatics. The manipulations also strengthen the muscular walls of the blood-vessels and prevent the relaxation which causes the congestion. In one case of long-standing menorrhagia, with general feebleness and want of tone in the whole system, whilst I cannot report a definite cure, the menorrhagia was lessened in a marked degree, and the heavy aching and oppression in the lower part of the abdomen much diminished. Change of residence removed this patient from further observation. In another case, where the uneasy symptoms were associated with obesity, a long course of treatment, extending over several weeks, diminished in a most gratifying manner the deposit of fat in the abdomen and hips, doubtless by promoting absorption.

It has been objected that this treatment would be harmful by directing the patient's attention, in a morbid manner, to the pelvic organs. Fully realising the importance of this objection, I would point out, that the constant uneasiness, sense of pressure and weight, and even actual pain and aching which characterize the ailments for which manipulation is here advised, have already directed the attention to those organs more absorbingly than any system of treatment would do; and that the prospect of relief from a new procedure, not involving a terrifying operation, would add a mental stimulus and encouragement that could not act otherwise than beneficially.

I do not suggest that manipulation should take the place of all other gynæcological treatment, but it undoubtedly has its place as a valuable adjunct, and as an alternative which should not be lost sight of, especially among the leisured and moneyed classes, who are willing to afford the time for a longer course of treatment, rather than face the risks of operation.

Acute inflammatory conditions are a contra-indication to the treatment, and even in chronic cases very careful bimanual examination must precede any attempt at massage, in case some collection of pus or fluid should be ruptured in the process, and set up peritonitis. The infliction of pain, if at all considerable, is an indication that the treatment is not being properly carried out; for skilled patience on the part of the operator will always result in toleration of the manipulations, even if some tenderness has been experienced at first. Personal fitness enters largely into the question, and some who practise massage can never render it painless, and still less, what it always ought to be, more or less pleasurable.

I would welcome an expression of opinion, and a record of experience, from those whose opportunities for investigation have been greater than my own.