

PELVIC MASSAGE.

*An Unappreciated Prerequisite of Success in Diseases of Women,*

BY FERDINAND HERB, M. D.,  
Chicago.

During the winter of 1886-1887 a new and epoch making method of treating gynecological afflictions by means of massage was successfully demonstrated to the medical profession by Thure Brandt, of Sweden, who had devoted a lifetime of observation and study to the subject. The results he achieved in a number of test cases submitted to him by Professor B. S. Schulze, of Jena, at that time the most prominent gynecologist of Europe, were so remarkable that physicians throughout Europe took notice and began using massage in a great variety of woman's ailments.

As often happens in the case of a new method of treatment that holds out great hope in heretofore seemingly intractable cases, so massage in gynecology was overdone and abused. The consequence was that many physicians failed to get the expected good results. Naturally, but unjustly, they blamed the method. They did not consider that the inherent difficulties in the proper application of massage, the lack of experience in selecting suitable cases, and the utter disregard of existing limitations could, possibly, lead to no other end.

Gradually, however, conditions settled. As the outcome of much discussion and a thorough study, the indications, contraindications, and limitations of pelvic massage became better known and are now well established. With increasing knowledge the number of successes also increased until today a great many European physicians are using massage of the female pelvic organs as a routine measure with most satisfactory results and recommend it highly.

In spite of this fact, there are many physicians of skill and knowledge who tried massage and failed even in properly selected cases. They are disappointed and discouraged and disparage pelvic massage as a therapeutic measure. Among these are physicians of prominence and recognized ability. Why have they failed where Thure Brandt and others succeeded? So far, there has not been advanced a satisfactory explanation to clear up the situation, though it would be of great practical value to know the reason.

The very fact that pelvic massage has won a permanent place in the treatment of diseases of women and is successfully practised by many physicians is sufficient proof that the method itself is not at fault. Massage is, indeed, recognized and acknowledged as one of our best palliative or curative measures for the very same afflictions for which it is recommended in women, if such afflictions are at the surface of the body or where they are easily accessible. Here as well as there it is used to remove remnants of inflammatory conditions, to improve local circulation, or to free nerves, bloodvessels, or organs imbedded in, or distorted and displaced by cicatricial tissues, and has proved equally satisfactory in both instances.

If the method is not at fault, we must, of necessity, look to the physician for the cause of failure. With him, in fact, the trouble lies. It is due to the

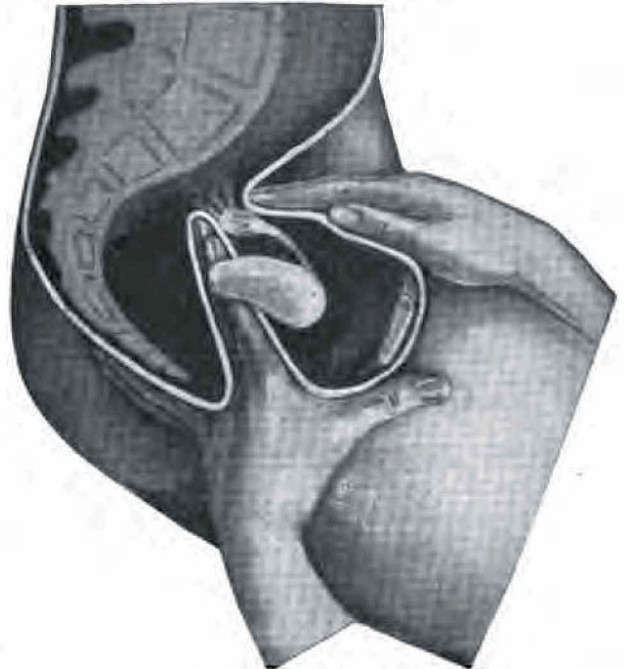


FIG. 1.—The fingers of the physician are sufficiently long to reach behind the ovary. In pressing the outer and inner fingers together, the ovary slips forward and the adhesions become accessible. They can now be stretched or broken, as the case may be, and the patient relieved.

special requirements demanded of the operator. General massage requires comparatively little medical knowledge and skill and no special fitness, save physical strength and endurance. Pelvic massage, on the contrary, requires a high degree of knowledge and skill, but, above all, fingers sufficiently long to render the pelvic organs readily accessible to the masseur. It is this last mentioned requirement which has not received the attention it deserves as an absolute prerequisite to success in pelvic massage.

Nothing is more obvious than that success in this important branch of the medical healing art must depend, first of all, on the ability of the physician to get freely to the organs from all sides. If he cannot thoroughly reach them, he, certainly, cannot successfully treat them. Let us assume that the doctor masters his anatomy, that he has sufficient experience and skill in examining women to enable him to outline clearly and definitely the pelvic organs and



to make a good diagnosis, that he knows his pathology and the indications and contraindications of pelvic massage, and that he is fully competent to select the proper cases and to reject those not suitable for this kind of treatment. Such a doctor has all the qualifications to be, or to become an excellent gynecologist, or gynecological surgeon, but he will not be successful in pelvic massage if the length of his fingers falls below a certain measure. For a better understanding I refer to figures 1 and 2.

There are many other conditions beside that illus-

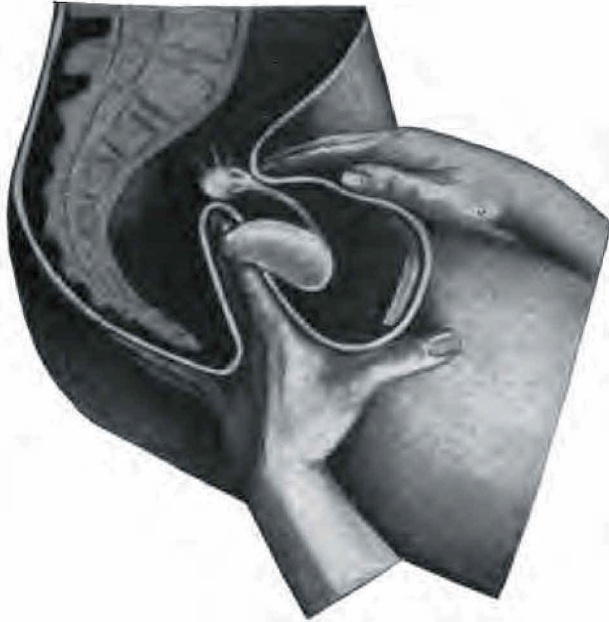


FIG. 2.—The fingers of the physician are not long enough to reach behind the ovary, though he may feel it and ascertain its site, size, contour, tenderness, and all other normal or abnormal conditions. In pressing the outer and inner fingers together the ovary slips backward and the adhesions become inaccessible. They cannot now be treated by massage, and the patient cannot be relieved, in spite of the fact that the physician may make a good diagnosis and knows well what should be done.

trated with which short fingers are not able to cope. Every sixteenth of an inch more or less means just so much more or less toward success or failure in treating women by massage.

The varying length of the fingers of the different physicians will alone explain much of the perplexing difference of opinion apparent in the literature on pelvic massage. Other things being equal, the physician with long fingers will work easily, quickly, and without causing much pain. He is the one who succeeds and recommends massage. The physician with short fingers, however, will work under stress and difficulties and cause much pain. He is the one who fails, loses his patients, and decries massage. An investigation of the comparative length of the fingers of those for and against massage will, I am convinced, fully bear out this statement. My personal observations have been most convincing. Of course, radical surgeons, who have never tried massage, and who give consideration to nothing but surgical methods in the treatment of women, are not included in this estimate.

To provide for some more definite figures as to the length of fingers necessary for pelvic massage, I may state that the available length of my own middle

finger is three and fifteen sixteenths inches. This is decidedly more than the average length, as confirmed by my personal observation. In spite of this decided advantage, I have occasionally realized that still longer fingers would give me even quicker and better results. Dr. Robert Ziegenspeck, of Munich, Germany, one of Europe's most ardent and successful advocates of pelvic massage, has fingers slightly longer than mine. He studied under Thure Brandt personally and had ample opportunity to observe the length of the fingers of this master. While I was assistant at his clinic, I heard Ziegenspeck remark a number of times that his—that is, Ziegenspeck's—fingers were midguts compared to those of Thure Brandt. Many times since I wondered how much of Thure Brandt's extraordinary success was due to the extraordinary length of his fingers and how much to his undoubted genius.

These disclosures are of no small moment from a practical standpoint. There is a large percentage of gynecological cases that can be successfully treated in no other way than by massage. I refer here to women with postoperative pelvic adhesions, if a second operation is out of question, and to those far more numerous women who are afflicted with chronic shrinking processes within the ligaments and their many distressing symptoms. Then there is a still larger percentage of cases for which pelvic massage constitutes not the only, yet the best and most successful treatment. If we would do justice to these cases, we must train physicians in pelvic massage in postgraduate schools. But pelvic massage is not easy. To avoid disappointment to physician and public alike, it remains essential to select from the applicants for tuition only those who have the proper physical as well as scientific qualifications, as has been explained.

30 NORTH MICHIGAN BOULEVARD.