Thesis

Massage in Gynaecology

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Introduction.

Massage as a mode of treatment in diseases of the female pelvic organs, has of recent years attracted the attention of various foreign gynaecologists, but is a subject which has found but little favour & met with much adverse criticism, amongst British Specialists. This appears to me to have been arrived at chiefly by too hastily drawn conclusions & an exaggerated sense of delicacy, resulting from lack of experience on the subject or perhaps its application in unsuitable cases.

I have at the present moment before me a paper on the subject in the British Gynaecological Journal of May 1889 by Dr MacNaughton Jones of London, which admirably illustrates to my mind some of the reasons of this adverse criticism & also British ideas on the subject—

He first mentions a case in which "General" massage was tried for constant headache, the patient also suffering from

retroflexion of the uterus which was replaced and massage adopted. Here after undergoing the treatment with no beneficial results, it was discovered that the etiology of the headache lay in the fact that she possessed a number of decaying teeth, the removal of which resulted in the cure of the complaint. I quote this case simply because he uses it as an argument against massage in Gynaecology, I fail however to see what the case has to do with the subject; it is firstly, an excellent example of a case totally unsuited for this form of treatment and secondly general not special massage was employed therefor no argument against it. It is the use of a method in unsuitable cases or in other words its 'abuse', that in the vast majority of cases leads to its condemnation. For not only is an accurate diagnosis requisite but also a thorough knowledge of the 'pharmacology', if I may so use the term, of this mode of treatment as well as a perfect acquaintance of the manifold

of the anatomy & physiology of the part. Further on he speaks of pelvic massage, referring to it as a 'licensed abuse' which he does not purpose discussing, of 'possible advantages being overbalanced by certain evils' & still further he states 'we have had enough of unwarrantable unnecessary & unduly prolonged medical examinations.' Then has the assurance to state, that he 'knows nothing personally of its value in metritis parametritis ovarian & uterine tumours' & later says 'not having tried its efficacy I do not wish to criticise the results of those who have'.

These statements appear to me to be altogether paradoxical; for, if he knows nothing of its value & has not tried its efficacy, by what laws of logic, may I ask, does he propose to call it a 'licensed abuse'; also how is he possibly to know that there are 'certain evils' connected with it. With reference to the 'unwarrantable unnecessary' examinations, are we to suppose that because certain individuals are accustomed

to adopt these forms of examinations, that scientific and proficient gynaecological manipulators should be debarred from a legitimate practice!

Moreover amongst the diseases so treated he mentions 'Ovarian suffering tumours,' which evidently shows he was right in confessing his ignorance of the subject, as it was never intended for neoplasms.

Any right-thinking person must admit that his statements & arguments are exceedingly weak, thope for the future that before any gynaecologist gives vent to his feelings so forcibly, that at least he will investigate somewhat more fully a method of treatment, which if properly carried out is not only legitimate but attended with most favourable results in certain longstanding and almost incurable conditions.

The statements put forward during the discussion which followed, were almost as paradoxical as those in the paper. The majority of the speakers confessed that they knew little of this form of

treatment, some stated that it had descended to charlatanism, others regarded it with horror & hoped that the profession would never regard it with favour, a most unscientific & conservative hope, for from the remarks of one I judged that he had but a superficial knowledge of the subject & was evidently one of those not likely to further the progress of rational treatment. Certain more liberal in their views thought that judging from general massage it might do good. The President, Dr Macan, was the only one that spoke in favour of the treatment; now he from personal knowledge of its technique & results, was in fact the only one capable of giving an unbiased opinion, & therefore the only opinion worthy of consideration.
In his address he also discussed it from a favourable point of view, basing his arguments on the results of foreign experience & on certain cases treated in the Rotunda hospital under his directions & he was convinced that

by it a number of cases otherwise incurable, are capable either of permanent cure or at least of great benefit.

My first connection with the subject was, as a student, to hear it styled 'Nonsense' I forthwith adopted this view never intending to give the matter a second thought, but on taking up my residence at the Rotunda hospital, I discovered that it was a mode of treatment which had been adopted by the present assistant-master Dr Bapt as also by his predecessor Dr Smith under the direction of the master, Dr Macan.

As Dr Bapt kindly offered to assist me in the study of this method, by furnishing cases & demonstrating the manipulations and their results, I resolved to investigate the matter in order if possible at the truth, & am now convinced that the subject has been worthy of this investigation.

Lately, I have noticed in the 'Lancet' a review on a German work dealing with this subject; the final remarks are forably unfavourable, for the reviewers state that

they 'unhesitatingly condemn' the treatment and express an opinion, 'that no English gentleman would be found willing to advise or practise it & no English woman to submit to it under any circumstances' On reading this I confess, I was not a little astonished to think that scientific Englishmen could be found to use such forcible language with reference to a treatment of which they evidently had not the slightest practical knowledge, & moreover if such were their process of arriving at a view the sooner individuals with a similar plan of procedure were removed from their sphere of action the better for all concerned in furthering the progress of gynaecological science.
It is not a method of treatment to be advocated as a panacea for all incurable gynaecological affections, for it is a well established fact that when a novel form of treatment presents itself, the profession is often too eager to adopt it in every case, where there is a shadow of a chance of it succeeding & especially

so when every other mode of treatment has failed, generally then it is adopted without sufficient knowledge of its technique or indications, with the result that it is thus apt to be brought into disrepute. An example of this sort of thing is seen in the history of Emmett's operation which when first proposed was seized upon as the 'summum bonum' of all treatment calculated to cause the disappearance of symptoms however vague whatever their source, naturally enough the operation fell into disrepute among numbers of the profession until it was properly understood in what cases it was indicated. I do not pretend to say that we have quite a parallel instance in this subject but rather a deviation in the opposite direction, for in the one case we have an operation adopted, in the other a method condemned, in both instances from too hasty deliberation; for the profession in Great Britain at any rate is decidedly shy of this method, has regarded it too superficially, formed an unfavourable

opinion and still adhere to it.
Now from the results obtained from massage scientifically applied in other parts of the body, one might naturally suppose that a similar mode of treatment could be adopted with equal success when applied to pelvic affections but modified to suit the various peculiarities of the region. The results of various foreign gynaecologists as also my small experience at the Rotunda I think fully justify this supposition although formerly, before I gained my present knowledge I did not venture to differ from the generally received unfavourable opinion.
Much of the so called massage performed by 'Medical rubbers' is far from being truly scientific, for massage to be massage, must consist of a series of manipulations guided by an exact anatomical and physiological knowledge of the region to be treated, and not in indiscriminate rubbings & frictions carried out in a haphazard fashion in the

hope that thereby good may result, just as one gives a lengthy prescription in the hope that one of its constituents at least may benefit the disease.
If it is carried out definitely & scientifically we will then be better capable of judging whether it be of real efficacy, or but the mere fancy of a speculative therapeutist.

History.

The history of massage as applied to pelvic affections dates from 1865, when it was introduced by Thure Brandt, a professional masseur of Swedish descent who studied in the central Swedish institute for massage & medical gymnastics took his diploma and practised his profession as masseur.

Seeing the results produced by general massage, he conceived the idea of applying the same treatment to pelvic affections and forthwith commenced the study of pelvic anatomy, in order to have a sufficiently scientific basis for his method, for he was evidently was a man possessed of scientific instinct, although from the fact of his not being a medical man, the profession was loth to adopt his views, but rather to regard them with scepticism this method as empirical. The peculiar form of elevation of the uterus for prolapse was suggested to him by the results he obtained from elevation of the sigmoid flexure in prolapse of the rectum

which he had performed on certain soldiers with complete success. Having noticed numbers of women in that part of Sweden in which he practised who were suffering from this affection of the uterus, he applied this similar treatment in their case as he had done in cases of rectal prolapse. First he cured in five days a prolapse of 27 years standing in a woman 47 years old, and in many other similar cases his treatment was followed by equal success.

What is noteworthy then, is that numerous eminent gynaecologists, for the purpose of investigating the method, visited him at first very sceptically but returned astounded having witnessed his diagnostic skill and results.

Dr Nissin adopted his method in 1873 Dr Nyström a fellow-countryman next adopted his method in 1875 and obtained equally excellent results in various chronic affections. He quotes 135 cases of chronic ~~apetrebes~~ of which he completely cured 43 & almost cured 70 and also

other favourable cases of minor importance.
Dr Bandl of Vienna was persuaded by
Nicoux in 1886 to try the method.
Professor Schultze who is undoubtedly
a classical authority in Gynaecology
at the request of his assistant Professor
entrusted patients at his Jena clinique
to Brandt & Nicoux for treatment by
this method, & a publication by Professor
of a continuous series of sixteen cases
treated by them, afforded sufficient
evidence to convince Professor Schultze
that we have in this method a potent
agent for many chronic pelvic affections.
Various other foreign specialists proceeded to
Brandt studied his method practised it
with success Reech, Schauta, Vullet, Zeipert, &c
Still further it has been practised at the Rotunda
with much success & this is perhaps the only
school in the united Kingdom in which it
is practised to any extent.
Thus it will be seen it is, as it were, still in its infancy,
was met at first with opposition, which it
still has to fight against, especially so
in our own country.

Objections

Of the objections raised, undoubtedly the most important is the moral one namely, that it is apt to produce abnormal sexual excitement. This is certainly the objection that has done much to prevent this method being adopted by the profession as in fact the only valid one, which if it were true would be more than sufficient to condemn this mode of treatment; but I fancy it has been raised chiefly by those who were not perfectly acquainted with its technique and manoeuvres. For having carefully considered this point I have arrived at the conclusion both from personal experience & the writings and experience of others that if it is conducted with proper care & manipulative skill, the excitement complained of is not produced. The special grounds for this objection are mainly three- First- the movement of the fingers in the vagina during the process, which I seen stated by certain authors but is

nevertheless quite incorrect, as it is by the external hand only the movements are performed, the internal fingers acting as a support only moving to fix in the different situations.
Second, the use of one finger internally which is much more apt to produce excitement by a too limited or superficial action. This objection is easily overcome for it is altogether a mistake to use one finger, for we cannot hope to manipulate any structure with but a single finger for neither can we use the proper force nor estimate the size of that we wish to act upon nor steady it correctly for the due performance of the movements.
Third, the anterior or erective structures of the vulva are pressed upon, instead of making the posterior commissure the point d'appui of the internal fingers.
With these faults before us I am sure they may be easily remedied taking care to use firm but gentle pressure with the internal fingers.
This objection has special weight with

reference to hysterical or over excitable females, in which case the treatment maybe contraindicated. Certain may then argue, that if I admit that these patients are contraindications, I also admit that it does cause sexual excitement, even when properly executed, not at all, for with these patients any vaginal examination causes excitement & therefor state that proper manipulations in massage are no worse than an ordinary bimanual.

Another objection raised is that it is a form of Quackery or has degenerated thereto. That it is Quackery can easily be disproved if it can be shown that it is based on Scientific groundwork, & moreover that its practice is followed by good results, then no-one can oppose it or that score. That it is liable to degenerate into Quackery, I grant, is unfortunate but that is no argument against it for if it were, in a similar manner we could argue against the practice of medicine in general Doubtless it both has been and still is

performed extensively by individuals possessing neither the knowledge nor requisite skill, which is so essential for its proper performance, can it then be wondered that people have come to look upon it as heterodox.
It should therefore, always be performed by skilled gynaecologists & not by any of the lady practicing as 'professional masseurs', although its originator was one of these, but all will confess that he was one of no ordinary ability or education.
Other objections are that it exposes the patient too much, also that it causes too much pain.
The former objection would also apply to any form of complete examination for I fail to see in what it differs from a satisfactory bimanual examination.
With regard to the latter, although at first it may be rather painful, one of the great therapeutic values of massage is that it reduces pain, so that in this case, the very mode of treatment defeats its objection; for after a few sittings

the patients state, that both the pain which formerly existed & the pain that was at first caused has materially decreased. In some instances it may be better to perform the first sittings under an anaesthetic. Pain is often caused by the operator who instead of using firm, gentle, gradually increasing pressure, makes sudden plunging movements with a naturally painful result—

For the proper performance of massage it is necessary to have in view certain anatomical physiological & pathological facts, for the objects aimed at are generally speaking, increased functional activity — increased arterial, venous and lymphatic circulation, with consequent absorption of inflammatory products and alleviation of the symptoms thereby engendered and also increased strength of the supporting structures of the pelvic organs —
So that in order to bring about this effect, the manipulations must be in certain anatomical directions with varying degrees of force according to the parts operated upon and the effect desired.
I purpose therefor giving a short statement of certain anatomical facts, which I consider are of bearing upon this subject, referring slightly to them from a therapeutic point of view —

Anatomy

I shall refer to this under this classification.

i. Normal position of the uterus.
ii. Peritoneum
iii. Cellular tissue
iv. Muscular tissue
v. Blood vessels
vi Lymphatics

My reason for adopting this classification is, that I consider it to correspond to the treatment. For in the first place it will be necessary to have a clear idea of the normal position of the uterus as much of our treatment is directed to the reposition of that organ when replaced.

The peritoneum & cellular tissue derive their importance, from being the situation of various pathological conditions, the rectification of which we hope to achieve by our method.

The muscular tissue is important from our power to stimulate it when in a state of relaxation.

The vascular & lymphatic importance lies chiefly in the direction of the venous and lymphatic return for it is in this direction

that our movements should be executed.

i. Position of the uterus

This has been a much disputed point, owing chiefly to the mobility of the organ, its connection with other distensible organs and the difficulties of its anatomical study. The normal position of the unimpregnated uterus, the bladder & rectum being empty is, as I take it, one of anteversion, anteflexion with the axis of the cervix in the axis of the brim & the body & fundus anteposed, the whole being slightly twisted to the right.

The forces which act to keep the uterus in position are Continuity with the vagina & the support given by the 'entire fixed portion' of the pelvic floor so important in the etiology of uterine prolapse. Its connections, in front with the bladder & pelvic wall by means of the pubo-vesico-uterine ligaments, behind to the rectum and sacrum by the utero-sacral ligaments. The whole of the peritoneal investment also acts as a support. The Round & Broad ligaments both keep it steady & will by contraction of the muscular fibres therein contained, tend to bring it back into position when displaced by various

more or less physiological causes as distended bladder & rectum. The intra-abdominal pressure, the weight of the uterus itself & the condition of the neighbouring viscera also play a part. The most important attachments of the uterus are to the sides of its body & the supra-vaginal cervix.

ii Peritoneum.

We have to deal with it as the floor of the peritoneal cavity, covering the uterus and investing its ligaments, forming pouches in front & behind of that organ, the latter being extremely important, as a nest for inflammatory exudations & blood effusions

iii. Cellular tissue

This is most important pathologically, which condition are especially amenable to treatment by massage. We have this tissue immediately beneath the peritoneum everywhere, in the various ligaments & between the organs, connecting them and modifying friction in all these parts. Between the pubis & bladder bladder & cervix, all round the supra-vaginal portion of the cervix & between the vagina & rectum, sending prolongations into broad ligaments existing in greater quantities in its lower than

its upper part & gradually decreasing as it passes outwards to pelvic wall, then it ascends into the iliac fossae. Offshoots similarly occur into the Round ligament, the ovary & its ligament, all contents of the broad ligament Also into utero-sacral ligaments, which are of special importance pathologically.

iv. Muscular Tissue

Occurs in the various ligaments. Rd. Bs. Or. Utero-Sac. l
Its importance lies in our being able to stimulate it to renewed activity when it has either become relaxed due to over-stretching or hindered from performing its function by inflammatory deposits.

v. Blood vessels

Chiefly concerned with the venous circulation as it is in its direction we perform the necessary movements. Here they exist for the most part in the form of plexuses which in themselves are practically directionless although in the main they have a special direction. The Ovarian plexus passes out transversely in the folds of the broad ligament, in its upper part & opens into the Inf. Vena Cava. communicating with the uterine plexus, which is outside the

muscular coat of the uterus, this latter plexus communicates with the vaginal plexus opening into the Inf. Hemorrhoidal, the upper part of uterine travels upwards & the lower downwards, communications occur with the vesical & rectal plexuses. These veins have no valves.

V. Lymphatics

The uterine, ovarian & those from the Fallopian tube pass outwards in the broad ligament to the lumbar glands, those from the cervix pass outwards at a lower level & with the vaginal enter the pelvic glands.

They are important for the same reason that the veins are, also pathologically for certain forms of so-called cellulitis are regarded by some as merely lymphangitis spreading out from some centre of inflammation as after laceration of the cervix.

Massage

(a). General (b). Special

(a). General —

In order to understand the subject properly it will be necessary to discuss briefly certain points in general massage, as it was from the consideration of it in general that it came to be applied specially in pelvic affections.

There are certain definite manipulations —

1. Effleurage.

This is a superficial manoeuvre, consisting of stroking or circular movements made with varying degrees of frequency with but slight pressure, centripetally i.e. from the periphery towards the heart. Its special action, is in the stimulation of the cutaneous circulation & reflexes.

2. Pétrissage.

In this we have a deeper form of manipulation, a process of kneading, grasping the deeper structures in certain definite groups & squeezing them, centripetally. By it we stimulate the deeper structures muscles, lymphatics & blood vessels.

3. Tapotement.

This consists in a succession of tapping or percussing movements producing vibrations acting reflexly, thus stimulating the circulation and muscular contraction

4. Passive Gymnastics

The masseur performs movements of the various groups of muscles against the resistance of the patient. This is more of an indirect form, as the part is acted upon through a medium as it were, but nevertheless produces similar results. Ordinary athletic exercises are very similar, for various groups of muscles are exercised against certain forces of resistance.

Athletic exercise is a form of massage which is active but indirect; passive gymnastics is passive but indirect; whereas the other forms are passive but direct, so that they all bear some relation to one another from a manipulative as well as from a therapeutic point of view.

The effect then of the above manipulating

is one of increased functional activity, for we have stimulation of the circulation & consequently increased nutrition & growth. Furthermore we have absorption of inflammatory effusions which necessarily hinder functional activity an also decrease in nervous irritability - an antihyperaesthetic effect - this latter presumably being secondary to the above effects.

In this method therefore we have an increase physiologically & a decrease pathologically. for the normal functions are stimulated & the functionless deposits are disintegrated and absorbed. Thus we have two conflicting tendencies, in the one hypertrophy and increased function and in the other atrophy and absorption. Highly organized tissues (muscles &c) are stimulated to increased activity by the hypertrophic tendency, whereas lowly organized deposits (of inflam.) are dispersed by the atrophic. We have both these tendencies at work in the case of inflammatory deposits existing in muscular tissue.

(b). Special.

We are now in a position to understand the application of massage to these special pelvic affections.

I purpose however, overstepping the bounds of massage in its true form & dealing with other manual manipulations such as the breaking down & stretching of adhesions, and will endeavour to show what I consider to be their relation to the true form.

Massage is a convenient term although strictly speaking, not a correct one, perhaps the most appropriate name would be that of 'manual treatment' as adopted by some authors in contra-distinction to mechanical (i.e pessaries) or operative But as it is better known to the profession under the term 'massage' I will adopt that nomenclature.

Indications

1. Chronic and subacute inflammatory affections and their results.

There has been some slight difference of opinion as to the time when the treatment is indicated in inflammatory affections. Some state that it is only in the results of inflammation, for to their mind if exudations in a chronic state of inflammation be massaged, they are so irritated that the inflammatory action is greatly increased by 'the encysted germs becoming liberated' & free once more to continue again the process they once caused.

It is stated also that these adhesions are always in a state of chronic inflammation & if that be true, then those who consider chronic inflammation a contra-indication would always consider massage contra-indicated. Whether that be so or not I contend that chronic inflammation is an indication and moreover that certain subacute conditions also are indications; but of course the term 'subacute' is purely relative, is one altogether of degree, for what

one would consider subacute, another may think chronic and another acute, so that it resolves itself into a question of opinion. If it were bordering on the acute, treatment might render it still more so which of course could be diagnosed by subsequent symptoms and would necessitate discontinuance of the treatment; on the other hand if the condition approached chronicity not being absolutely so, we would obtain better result from the milder forms of massage for the deposits would then be in a softer state & not so resistant as they become later when fibrous tissue has developed which calls for more heroic treatment.

2. <u>Relaxed states of Pelvic Anatomy</u> —
As a result of this relaxation we may have prolapse of the various pelvic viscera uterus, ovaries, vagina, rectum & bladder all of which are indications for this mode of treatment.

3. <u>For Diagnostic purposes</u>.
Here it is applied in cases of doubtful

swellings, for if inflammatory they would decrease, whereas if neoplastic no benefit would be derived. It is very questionable if this is orthodox, for the massage of a neoplasm may not be altogether safe, I will say a few words on this matter further on.

Contra-indications

1. Acute inflammations.

This is evident needs no discussion

2. Suppuration.

It is easy to see how dangerous a thing it would be to perform massage if any pus existed, if it were a pyosalpinx the fluid might be squeezed along the tube into the abdominal cavity or an encysted collection burst into the peritoneal cavity with results that can better be imagined than described.

3. Gonorrheal Inflammations.

These inflammations being so serious in relation to females, if once latent are best left alone, for if the germs that have become encysted are again liberated they might lead to still more disastrous results lately, however it has been pointed out that the gonococcus flourishes better where columnar epithelial cells & that it merely set up a local peritonitis which if it becomes general is due to some other germ accompanying this special coccus, if such be the case then these gonorrheal inflammation need not any

longer, from the fact of their being gonorrheal in the purest sense of the term, be contra-indication This of course is still sub-judice & for the present they must remain contra-indications for we know not yet the relations existing between the Gonococcus & any other form of micro-organism.

4. Neoplasms.

The speculative but unscientific gynaecological masseur has even attempted to disperse these by his art; for Von. Winiwarter has recommended it in ovarian cysts & states that in his experience and that of Chrobaks, he has had beneficial results in these cases, comparing as an analogue, oedema of the legs treated by a similar method, which is sufficient condemnation for the individual, for as far as I can see there is no analogy whatsoever in their pathological anatomy and it is more than probable that his beneficial results were a great deal more imaginative than real. Perhaps, it is not at all unlikely, his results were obtained by rupture of these cysts

which, had they been of a papillomatous nature, might have gone far to spread the disease & bring the case rapidly to a termination. He also mentions its application in tumours of a malignant nature in the deep parts of the abdomen, this latter I need hardly say is absolutely absurd and only mentioned to be condemned. Nor is it possible from the study of the morbid anatomy, to conceive how such a treatment is to act beneficially much more likely to act deleteriously by its irritation causing a simple neoplasm to take on malignancy(?) and render a malignant one still more so.

5. <u>Hysterical conditions.</u>

Are in certain cases contra-indications but in others the very local condition which we purpose treating may indeed be the cause of the hysteria; the solution of the difficulty may be arrived at by means of Anaesthesia.

6. <u>During Menstruation.</u>

Certain advise that it should be performed during this state, for then it is that the uterus is more liable to come down in cases of prolapse & moreover that better results

are obtained when the organs are in a state of congestion & circulation more active greatly assisting in the absorption of inflammatory products. Nissen is one of those who strongly recommends that it should be performed during that state & Resch also hold the same opinion but admits, it should be done with caution. I decidedly think it contra-indicated for then the patient is more excitable & there is great risk of even causing septicaemia which of course could be overcome by a rigid adherence to antiseptics. There are one or two forms of massage of minor importance which may be performed during this state - Tapotement & Passive Gymnastic of limbs which will be spoken of later on.

7. Severe constitutional conditions.

In such conditions as advanced Phthisis or malignant disease, this treatment is out of the question.

8. Pregnancy

Massage of the pregnant uterus in cases of persistant vomiting has been performed, it is said with good results. Here of course the danger of terminating pregnancy is evident & is a sufficient contra-indication

Diagnosis

In no other form of treatment is a more accurate diagnosis requisite to ensure success; for we must know exactly the position, consistence & extent of the various pathological changes we wish to attack, which in certain cases is extremely difficult & in others quite impossible.

Thyar has recommended filling the rectum & bladder with water & tamponing the vagina, then emptying them suddenly and thus obtain a state of great relaxation such as we have in women after parturition.

We can obtain sufficient relaxation for a detailed examination by means of an anaesthetic & by combining the former method with it when we will have reached the acme of relaxation.

Of course this exactness presupposes a very great experience and skill on the part of the manipulator, with special development of the tactile sense coupled with perseverance and unflagging energy, without which we may expect failure & disappointment

Technique.

Brandt advocates two positions of the patient one erect the other reclining, I have not seen the former practised but it is interesting from Brandts point of view and is worth a few remarks.

In this position then, the operator sits on a low seat in front of the patient & passes the index & middle finger of his left hand into the vagina the thumb resting on the pubis; if however he intends acting by the rectum, he passes the thumb into the vagina and index finger into the rectum. The right hand is applied to the abdomen, the elbow of the left rests upon the knee of the operator, so that by elevating his knee, he may apply his finger to any part desired.

He claims, by reason of the various forces of gravity being differently distributed to have a better purchase over fundal adhesions and also states, that it is only after obtaining a certain degree of mobility in the erect that we can hope for benefit from the reclining position. Personally I fail to see the advantage in theory, for I have

not seem it put into practice, for in the first place in this position the abdominal walls are rendered tense & thus only the internal fingers are of use, they too acting at a disadvantage, being unable to press back the perinæum so easily & thus reach sufficiently high; perhaps also some would not submit to that method of procedure, and moreover the opponents of massage might regard this form of examination as indelicate, though from certain points of view all forms of gynæcological examinations are indelicate, but where the advantages outweigh the disadvantages of its indelicacy, such terms should be excluded from scientific work.
In the reclining we simply have the position for the ordinary bimanual examination i.e. dorsal, with all the necessary preliminaries for obtaining the greatest degree of relaxation
The bladder & rectum of course should be empty & the patient perfectly at her ease.
The hands of the operator should be warm

with the nails cut short & are used in a manner exactly similar to ordinary abdomino-pelvic examinations; thus we have them applied, both externally as in abdominal palpation, known as external or abdominal massage.
This form in great measure is connected with general massage but bears in a few points intimate relation to special. Thus it is specially of use as a preparatory to the other forms, being used in the treatment of fatty abdominal walls, meteorism & constipation, the last indeed being a very important aetiological factor in Gynaecological affections, although it does not specially concern us now. This form of massage is also of use in extensive cellulitic deposits projecting into the abdomen and will be referred to later on.
We also have the other forms of palpation, namely, vagino-abdominal, recto-abdominal and recto-vagino-abdominal, and shall further a form first practised by Pullet of Geneva the

utero-abdominal. Here the uterus is first of all dilated by means of Hegars dilators sufficiently to admit one finger, which is then inserted into the organ, whilst the external hand acts through the abdominal wall and is of special value to detach adhesions from the uterus and also to perform ordinary uterine massage. The organ after each sitting is packed with iodiform gauze by which means a continuous dilitation is maintained so that dilitation will not be necessary at subsequent sittings.
During this performance the most rigid antiseptics must be employed.

Varieties of Massage.

True massage.

i. Effleurage
ii. Petrissage
iii. Tapotement
iiii. Passive Gymnastics

Allied Forms

i. Extension of adhesions.
ii. Breaking-down of adhesions
iii. Elevation of the uterus.

The above varieties are too intimately interlinked to be dealt with separately, so will be discussed under the various conditions to be so treated, but a few words showing what to my mind is their relation to one another will not, I think, be out of place.

True massage, as I have previously stated, increases functional activity by means of the circulation, this it does either acting physiologically i.e. reflexly by vaso motor influence or mechanically by simply emptying the vessels by pressure thus hastening

the flow.
Effleurage acts in both ways, Pétrissage has slightly more of a mechanical action, Tapotement is purely physiological Passive Gymnastics being indirect is probably much more physiological. In the allied forms i. & ii. we are acting upon structures purely pathological. In i. the first act is purely mechanical simply stretching the adhesion, but the second act the result of the first is one of atrophy & absorption, which is physiological in a pathological structure, although it would be pathological in a physiological one. In ii. Breaking down, as its name implies is in itself purely mechanical although the resulting action should be of a physiological nature as in the former variety.
In Elevation of the uterus we have an indirect method similar to Passive Gymnastics & perhaps should be grouped under True massage but as it is a special method I prefer it to remain separate & will deal with it under its special indication.

I purpose now dealing with the various pathological conditions & their treatment by this method.

It will be seen that under the headings of Inflammation & its results and Relaxation we include almost all the affections to be so treated, the only remaining one being Haematocele & even it may arise as the result of inflammation for we have it arising from rupture of vessels developed in the false membrane of peritonitis (Virchow) but as it also does not do so I mention it in a separate category.

Inflammation & Relaxation play a most important part in the displacement of the female pelvic organs; for with the former we have at first effusions producing displacements merely by their bulk, subsequently their organization & contraction leading to various displacements of the uterus, matting together of the ovaries & tubes in conglomerate masses and the abnormal attachment of these organs to themselves, to other organs and to the pelvic wall. In the case of relaxation there exists failure of the supports of the

aforesaid organs & the resulting displacements in the line of least resistance
With Inflammation therefor we may have the organs displaced and abnormally fixed, whereas with Relaxation they may be displaced but abnormally movable; so that by this mode of treatment we hope in the former condition to bring about absorption of effusion loosening of the various binding structures and in the latter to tighten and strengthen the several supports. This is even as Hippocrates has said 'Rubbing can bind a joint which is too loose & loosen a joint which is too tight. Rubbing can bind & loosen can make flesh & cause flesh to waste'
Thus we have —

1. Inflammation
   - i. Pelvi- -peritonitis & -cellulitis
   - ii. Metritis
   - iii. Ovaritis
2. Relaxation
   - i. Prolapse of uterus / Posterior displacements of uterus
   - ii. Prolapse of Ovaries (per se)
3. Hæmatocele

1. Pelvi- -peritonitis & cellulitis.

I do not consider it necessary to enter into any detailed description of the pathology of the above inflammatory lesions and their resulting displacements. Peritonitis gives rise to certain displacements & cellulitis to others but the displacements themselves do not immediately concern us, only their causes and the situation of these causes.

With Peritonitis we have to deal with lymph effusion & its resultant bands in those situations in which we meet with the peritoneum, similarly also with cellulitis & cellular tissue, these situations I have briefly mentioned previously.

For convenience we may divide these inflammations into recent and ancient; by recent I wish to imply not acute, but masses which have not yet organized & produced contraction bands, these latter the results of inflammations are what I include under the term ancient. In the former group, massage in its true form is practised whereas in the latter

one or other of the allied forms is adopted.
These recent masses, that is, a few weeks after the effusion, may be massaged but do of themselves often become to a great extent absorbed & not even require further treatment but in these case massage often renders great assistance in hastening the process.
Perhaps it is better not to treat Peritonitis & Cellulitis separately although they are so pathologically but are more or less intermingled clinically and it is the preponderance of either that gives the name to the condition.
Having localized the exact extent and position of the mass, the internal fingers both fix & press the structure up to meet the external hand which is alone called into action, the former only moving in order to give support to different portions of the mass. First begin by attacking the periphery of the mass which we may do for the first few days & then if the patient is uncomplaining & no untoward symptoms develop we may gradually proceed towards the centre.

It is far better to do too little than too much if there are the slightest signs pre-commencing inflammation we must discontinue. The movements at first slow, superficial & gradually increasing both in rapidity & pressure are those of effleurage - stroking and circular movements or somewhat in the form of the arc of a circle with the greatest amount of pressure at the summit. The duration of each sitting is from 5–15 minutes in large swellings some have advised two sitting a day which I think is scarcely necessary. Large exudations may take months to ~~become~~ absorbed, other if recent & small may disappear in a few days varying of course greatly in individual cases. According to the situation of the mass so will our hands be differently situated. If the mass be extensive & project strongly into the abdomen or situated near to the margin of the pelvis in the anterior or lateral regions, we can then act upon them by external or abdominal massage by rolling the mass gently & slowly against the osseous pelvic wall.

If the mass be situated in the anterior fornix with the internal fingers in the latter situation, the external hand insinuates itself between the anterior surface of the uterus & posterior of symphisis pubis, pushing that organ backwards.
The movements as before described, are then made from the anterior surface of the uterus towards the symphisis.
If we are dealing with the lateral regions, we are chiefly then concerned with the broad ligament & the structures therein contained and it is better perhaps, to change hands according to which side we intend treating if the left side then the left fingers should be used externally and vice versa, but by standing at the side of the patient we may act without changing the position of the hand. The internal fingers press the parts upwards & the external hand presses them slightly forwards if they are movable, but not too much for then they may come behind the symphisis and so get out of reach. It is of course more difficult as we pass outwards from the uterus as the osseous wall then

becomes higher the hands further to reach, in extensive exudation this difficulty is a great extent disappears.
Our movement here are outwards from the uterus to the lateral pelvic wall. In the Posterior Fornix we have the most difficult situation to deal with and in certain cases wholly impossible; the uterus must be brought forward as far as we can and the internal fingers pressed up to the greatest extent assisted by pushing back the perineum to the fullest degree. The movements are made from the uterus to the posterior pelvic wall. Here at first we often have considerable pain but after a few sittings tolerance gradually becomes established. There may exist conglomerate masses of exudation matting together ovaries tubes &c in an unrecognizable mass, which after being massaged for some time becomes differentiated up into its component parts & the structures therein contained rendered evident and loosened from their pathological connection; also too cicatricial bands & adhesions become defined, which must then

be dealt with by the first of the allied forms of massage, namely,
Extension of adhesions. These adhesions may pass from the uterus or ovaries to the pelvic wall or surrounding organs. It is in the performance of this method that Brandt recommends the erect position as being more advantages in fundal adhesions which after being treated in this position, the reclining is adopted when a certain degree of mobility is obtained.
With his left elbow on his knee & thumb in the vagina, he raises his foot so that the thumb presses on the cervical part of the uterus just by the side of its internal orifice; this movement is repeated 3 or 4 times in a direction from below upwards and from before backwards, he then introduces his index finger into the rectum as high as possible so as to reach the part of the fundus to which the adhesion is attached, then presses with his index finger from behind forwards as much as the elasticity allows. He thinks it fortunate if he is able to stir the uterus at all on the first day. This manipulation is performed for several

day
gently and with great caution.
With the patient reclining the left index finger presses up the cervix from below upwards & from before backwards, the external hand pushing the uterus to right or left according to the attachment of the adhesion to render it tense & subsequently stretch it i.e. pushing uterus in opposite direction to fixation. Each day after the extension, effleurage & Petrissage are performed on the adhesion for a few minutes. Another method which acts in a similar way, by extension is that of <u>distension of the vagina with hot water</u>. It is performed by the ordinary vaginal douche, the orifice of the vagina being plugged by the fingers. The superincumbent pressure of the fluid in the douche can, overcomes the ordinary forces which keep the vaginal walls together & its cavity thus becomes greatly distended; by elevating or depressing the can we are able to graduate the amount of pressure. By this means considerable tension is exercised on the vaginal fornices & the uterus is elevated high up in the abdomen, thus extending any peritonitic adhesions attached to the organ

and also stretching any cicatrical cellulitic bands surrounding the cervix as is so common in the posterior ligaments of the uterus, constituting an important pathological condition - utero-sacral cellulitis. By the use of the ordinary glycerine plug a certain amount of extension is obtained.

If the adhesions are found to be too unyielding we pass on to the still more heroic form of massage.

Breaking down of adhesions under an anaesthetic.

This method was first advocated & adopted by Professor Schultze, especially in relation to posterior fixation of the uterus due to peritonitic adhesions. In the performance of this method it is necessary that one should pass two fingers into the rectum which lay hold of & fix the pelvic or rectal extremity of the adhesions & the external hand separates them from the uterus with its fingers intimately applied thereto; they must be stripped off the uterus ~~from~~ on no account must the uterus be pulled from them for then their pelvic attachments would be dragged upon & thus any of the neighbouring viscera may, if attached, become damaged. With the external hand between uterus & rectum, two

of its fingers may fix the upper part of the rectum & the uterus be pushed forward by the others, and thus can we estimate the amount of resistance in the adhesions whether it is safe to separate them completely or not.
The danger of harmorrhage from the braking down of these adhesions has been exaggerated for the experience in abdominal sections has shown that their vascularity is not very great & the worst that can happen is the formation of a small haematocele.
Adhesions passing from the body of the uterus to the cervix may by moderate pressure through the rectum be separated whilst the external hand fixes the uterus
In those cases in which adhesions are attached from the uterus to the bladder which are exceedingly rare, it would be easy to reach them with the external hand the internal fingers fixing the uterus.
We may also act upon uterine adhesions after dilating the uterus, according to Pullets method & inserting a finger, thus steadying it with the external hand separating the adhesions from it, as aforesaid.

If the ovaries are adherent, the method is somewhat different for the ovary is too delicate an organ to be manipulated similarly to the uterus; we here detach the adhesions from their non-ovarian attachment by insinuating our fingers between them and slowly pushing the ovary away.

ii. Metritis.

Under this condition we have pure uterine massage in all its forms.
Almost all the various manipulations are applied to the organ.
In the first place we have Effleurage -
If we wish to massage the anterior surface of the uterus, the internal fingers placed behind the cervix, fix the uterus & press it upwards to the external hand, it is thus retroverted & stroking movements are then performed for a few minutes from above downwards i.e. from the fundus towards the internal os. For the posterior surface we must antevert the uterus with the internal fingers in front of the cervix. The lateral surfaces are acted upon similarly, the fingers being in the opposite lateral fornix to the surface treated.
Next we have Pétrissage, gentle kneading of the uterus at first and then grasping and squeezing it similar to the obstetrical manipulation of expression; these are performed subsequent to Effleurage.
Furthermore, passive gymnastics is also adopted Vulliet has invented a sound for its performance

consisting of a flexible jointed stem attached to the end of a handle, this stem is passed into the uterus & by means of a mechanism in the handle, it can be made to rotate on its articulation so as to describe a complete circle & be fixed at any point in its course and thus we are able to communicate what movements we desire to the uterus. Miller of Cincinnati has invented a similar but more simple instrument, consisting of an intra-uterine stem attached to the top of a thimble; by means of the finger inserted into the thimble & the stem into the uterus, the latter can be moved in any direction. We may similarly act on the uterus by the ordinary bimanual method and produce such movement with less risk. Another method of treating metritis, suggested and practised by Dr Bagot analogous to 'extension of adhesion' is that of dilatation of the uterus and packing it with iodiform gauze, which is allowed to remain there for some days, after which it is removed & the process repeated till a considerable

degree of dilitation is reached, on the discontinuance of the plugging a process as it were, of involution sets in and stirs up the resolvent action of the circulation on the inflammatory products; the carrying out of the method requires the most rigid antiseptic precautions; both before and after the plugging the uterus is well douched out with hot water which is an important therapeutic measure & greatly assists us in obtaining our end.
It is when the uterus is enlarged, hyperaemic & soft that the milder forms of massage are indicated but when in the indurated state the latter measures should be adopted.

iii. Ovaritis.

The difficult here lies greatly in the diagnosis of such a condition as 'chronic ovaritis,' which is often a very convenient term adopted by the diagnostician, for any vague pain in that region is too often put down to this affection; adherent ovaries may come under this term, which should be treated as previously mentioned.

However, the organ is massaged by gentle stroking movements also by kneading ~~pressure~~, with what proportion of efficacy I confess I am not in a position to state. For my own part I think the organ far too tender for such manipulations which if considered necessary, should be executed under an anaesthetic.

2. Relaxation

i. Prolapse of the uterus

In the correction of this form of displacement four forms of massage are employed.

1. Elevation of the uterus.
2. Effleurage.
3. Gymnastics of the limbs
4. Tapotement.

1. Elevation of the uterus.

This method was invented & first adopted by Brandt, it being suggested to him after having treated prolapse of the rectum successfully by a similar method in men.

He recommends an assistant, but Helliday a pupil of his practises it without as also does Dr Bapt and certain others.

The operator reduces prolapse & sitting at the left of the patient, introduces left index and middle fingers into vagina and having anteflexed the uterus presses it backwards & upwards, indicating to assistant with his right hand the position of the internal os. The assistant standing in front of the patient lays on her abdomen both hands strongly supinated, with fingers extended

and their tips directed towards the pubis the little fingers being in contact and pressing thus, deeply into the true pelvis on either side of the right hand of the operator & exercising strong pressure from above downwards & from before backwards grasps the uterus. Then the assistant bending over the patient, elevates the uterus up in the abdomen, by making movements from below upwards & from behind forwards. The operator feels the uterus rise, taking special note of the elongation of the vagina and the stretching of the fornices and when they are sufficiently tense, indicates the fact to the assistant who then withdraws his hold but guides with his hands the uterus to prevent it becoming retroverted and allows it to fall gently down upon the index fingers of the operator.
Pallick however dispenses with an assistant using a special form of pessary, his prolapse pessary, which he states acts as well.
Dr Bagot also acts single-handed & elevates by means of his fingers on the cervix or in cases of great relaxation, the half or even

the whole hand is introduced, steadying the uterus all the while with his external hand through the abdominal wall. Dr Smith late of the Rotunda, has invented a special form of elevator, its upper extremity shaped somewhat like the support of a crutch which is applied to the cervix and the handle manipulated from outside the vulva, thus avoiding the necessity of introducing fingers into the vagina. Dr Bagot uses simply a volsellum or American forceps with or without a plug of cotton wool attached to it which acts similary to this instrument as well. The elevations may also be performed by distending the vagina with water as mentioned under 'extension of adhesions' in which case we used hot water, but in the present case hot & cold should be used alternately, which besides acting as an elevator does much to stimulate and strengthen the muscular supports. These elevations are performed 4 or 5 times at a sitting and it is remarkable how soon after one or two sittings the uterus

may retain its place for some days.
During the intervals between each elevation
the posterior and broad ligaments are
acted upon by effleurage.
The duration of the treatment is from 4–8 weeks.
The question now arises– How does this form
of manipulation bring about its effects?
It is undoubtedly a true form of massage
similar to passive gymnastics, a form
of passive muscular exercise; we hope
therefor to obtain a strengthening of the
muscular tissue in the uterine supports.
After its performance we have increased
circulation, increased nutritive activity &
as a result increased development or
physiological hypertrophy. Powers in
his work on 'Diseases of the spinal cord' mentions
the fact that 'Tension influences contractility'.
By the aforesaid movements we cause
tension with resulting contractility, which
contractility improves the tone & strengthens
the function of the muscular supporting structures.
The importance in these manoeuvers consists
in great part in the avoidance of over-
-extension, which is prevented by the

operator indicating at the right moment when the uterus is sufficiently elevated & also observing the patient's expression which should give no indication of pain or uneasiness.

Gymnastics of the limbs.

The difference between this method & the former lies only in the fact that in 'elevation' we act from above, whilst here the action is from below, they are both forms of Passive Gymnastics. With the one we strengthen the uterine ligaments and upper portion of the vagina, with the other, the pelvic floor. Here the patient lying in the dorsal position and raising her buttocks off the couch and supporting her body on elbows & heels, strongly adducts her knees, the operator then endeavours to separate them whilst she resists to the utmost, when he has succeeded, she maintains them apart whilst he endeavours to adduct them. These manoeuvres are practised for a few minutes & thus we obtain muscular exercise and its beneficial results which in this case depend upon the continuity of the adductor muscles of the thigh & muscles of the pelvic floor

especially the Levator Ani.
The pelvic floor one of the chief supports is thus strengthened & rendered more effectual.
This method is generally performed after 'elevation' as one which may be done during menstruation.
'Elevation' 'Gymnastics of the limbs' are indicated in cases of relaxations of the uterine supports, cystocele, Rectocele, prolapse of vaginal walls &c.

Tapotement.

A series of rapid percussing movements are applied to the lumbar and sacral region with the ulna side of the closed hand.
This acts purely reflexly, through the nerves producing muscular contraction.
This is quite a secondary mode of treatment, but certain have stated that they have had good results by its application, for my own part I am rather sceptical of its results & am inclined to think it of doubtful efficacy.

Posterior displacements of uterus —

These of course are displacements or relaxation and therefor movable, not the fixed forms which have been treated of under inflammation. They are simply the preliminary stage of Prolapse and are therefor treated on similar but milder lines. In Prolapse the uterus may be elevated even a considerable distance above the umbilicus of course depending upon the amount of relaxation of its supports. the only difference therefore in these backward displacement which are due to minor relaxations is that we perform a minor elevation, in all other respects the treatment is similar.

Prolapse of the Ovary.

The method adopted here is similar to that used in Prolapse of the uterus. With the internal fingers the ovary is pressed up to meet the external, which then grasp it & draw it upwards, rendering tence the ovarian and infundibulo-pelvic ligaments; effleurage is applied to these ligaments during the intervals between the elevations which are perform 3 or 4 times at a sitting. Two forms of prolapse of the ovary exist one associated with retroflexion and cured by curing the latter, the other existing per se, and treated as above.

3. Haematocele

Massage has been performed in retro-uterine haematoceles, provided they have become inactive; but as a rule these blood effusions of themselves become rapidly absorbed so that its action is altogether an hastening one & it is questionable whether it would be often indicated.

It is treated on similar lines to an ordinary cellulitic effusion, first attacking the periphery with gentle stroking & circular movements, increasing them & gradually approaching towards the centre of the mass.

Cases.

The cases treated by massage, that have come under my notice have not been numerous but sufficient to give an insight into the value of this method as a curative agent in various affections.

Many cases of mild cellulitis, tender Posterior ligaments, thickened broad ligaments &c I have from time to time both treated & seen treated in the outpatient dispensary of the Rotunda Hospital; such patients being here today & gone tomorrow it was difficult to obtain any history sufficiently connected to report. Patients on returning always expressed themselves as feeling better after having been treated but once but they never returned regularly so that it was impossible to follow out their history. A great difficulty lies in being able to exclude the imagination of the patients for many will express themselves better when nothing at all has been done therapeutically But in cases where the physical signs & symptoms have materially lessened we have direct proof of its beneficial action.

Many also, who for a long time have
been undergoing various forms of treatment
with temporary benefit have undergone
an undoubted permanent improvement
under this form, as shown by decrease in
symptoms & the results of physical examination.
Cases however, which were admitted into
the hospital during my stay, for the
separation of adhesions & there treated with
varying degrees of success, I have made a short
note of & will mention them not at all in detail
but just in so far as I consider they bear upon
the subject; later I will mention a few
cases of prolapse treated by Dr Bagot one
or two of which I saw personally.

Rotunda Cases.

I. M. C. Aet 27 4yrs married 3 children
Admitted Oct 21th 1887

Complaint Ill since last confinement 3 mos ago
Pain in back over stomach & trans colon.
Constipation Flatulence. Nausea. Vomiting
Dysmenorrhea Leucorrhea

Diagnosis Perimetritis & adherent Ovaries

21st Oct — 5th Nov. Was kept in bed. Bowels regulated
Her health was much improved & her general
symptoms decidedly lessened

5th Nov Uterus natural size, normal position & shape
Elastic swelling on right side. Egg shaped.
Left tube slightly thickened

5th — 18th Nov. Similar treatment. Swelling of tube resolved

23rd Nov Violent pain in hypogastric region

2nd Dec. Ovary on right side far back & painful.
Tube collapsed but easily felt.

8th Dec Gt. pain in rt iliac regions low down

17th Dec Separation of adherent ovary
bimanually under ether

After the operation which lasted about 10 minutes
she complained of pain in the hypogastric region
which gradually lessened until her discharge
on 13th Jan. her temperature and pulse

remaining practically normal all the while. Final examination found ovary perfectly free and other organs normal. On leaving she was not altogether free from pain in the back, but stated that it was much better than it had been. Patient has not returned since

II. C. K. Aet 40. Married 18yrs. 7 children 1 abortion
Admitted 11th Dec 1889
Complaint Pain in Rt Iliac region & back. Menorhagia & Dysmenorrhea. Leucorrhea.
Diagnosis Adherent Ovaries.
Dec 14th Both ovaries adherent in Douglas' pouch a tumour existing there the size of a billiard ball. Uterus easily replaceable but immediately recurs. General treatment as formerly adopted until
Jan 20th Separation under Chlor.
Uterus replaced & pessary inserted
Jan 28th Patient discharged.
Feb 28th Patient returned & pessary was removed, when everything was found to be going on well.

III. M. W. Aet 27yrs Married 6yrs. 1 abortion.
Admitted 5th Jan 1890
Complaint Pain in Rt Iliac region. Menorhagia

Dysmenorrhea. Leucorrhea. Constipation Headaches
Diagnosis Retroversion & adherent prolapsed Ovaries
14th Jan. Separation of ovaries & reposition of uterus
18th Jan. Post. cul de sac free. uterus slightly backward.
20th Jan. Went out wearing a pessary
13th Mar. Returned. deemed advisable to leave pessary in. Everything going on well.

IV. B. S. Aet 33. Married 11 yrs 2 children. Last preg 8 yrs.
Admitted 20th Jan 1890
Complaint. Pain in back & Iliac regions
Dysmenorrhea. Leucorrhea. Menorrhagia.
Diagnosis Adherent ovaries & Fixed Retroflexion
23rd Jan Separation of ovaries & liberation of uterus
There was some slight difficulty in performing the separation which occupied nearly 40 minutes
27th Jan Discharged. structures free but patient still complaining of pains in back & Iliac regions
18th Feb Returned. Ovaries again adherent
19th Feb Separation, which was found to be easy.
26th Feb Discharged. Everything satisfactory but a few vague pains remaining.

V. A. F. Aet 28. Married 11 yrs 5 children. Last preg 3 yrs.
Admitted 14th Feb 1890

Complaint Pain in back, especially on defaecation
Menorrhagia. Leucorrhea. Dysmenorrhea. headache &
Diagnosis Fixed Retroflexion
Feb. 25th Adhesions broken down & uterus replaced
Mar. 13th Result very satisfactory. uterus in place
Pessary introduced
Mar 16th Pessary changed
" 17th discharged without pessary
" 25th Returned. Everything going on well
uterus slightly backward. Pessary introduced.

VI. M.R. Aet 26. Married 4yrs. No children.
Admitted 10th March 1890.
Complaint: Pain on micturition & defaecation
also in back. Dysmenorrhea &.
Diagnosis Perimetritis & Fixed Retroversion.
A scar visible in hypogastrium, the result
of paracentesis abdominis performed when
patient was 6 years old.
11th Mar Uterus adherent to back
17th Mar Adhesions too difficult to separate
although attempted for some time
2nd April Still in the hospital, no untoward
symptoms from operation.

Remarks.

These foregoing cases have been all of the kind that have been treated in the hospital during my residence there. They all come under the classification of 'Inflammation' and of the one form 'Peritonitis'; and the variety of massage adopted the most heroic 'Breaking down adhesions' It will be seen that other forms of treatment have been used in conjunction with this such as 'rest' & 'attention to general health' which do in great measure assist, but the benefits derived from these forms of treatment alone are of a temporary nature. No one will deny that where inflammation exists, undoubtedly our best therapeutic agent is 'Rest,' especially so of acute. When such treatment however has been adopted & benefit derived, the patients once more pursue their daily vocations i.e. a course of 'Unrest' which acting exactly opposite, undoes former benefits.
The chief symptom which undergoes this regressive & progressive change under the influence of 'Rest' & 'Unrest' is Pain.
It is the prominent symptom of Inflammation

in its various stages, but concerning us in the subacute & chronic. In these cases it is caused by the pressure of contracting tissue the result of inflammation or nerves. Unrest naturally irritates this symptom Rest alleviates it. With Massage we go a step farther & do, what is the chief aim in all treatment where possible, primarily to remove the cause & we will naturally expect more permanent benefit. Here then we endeavour to remove this contracting tissue after which rest is all the more appreciated & its value here is not merely for alleviation but to assist us in accomplishing our permanent end. What is unfortunate in connection with these cases is that not sufficient time has elapsed to be able to say that any one of them is perfect, for it would be necessary to have such patients under supervision for some time after treatment for although they are told to return if any symptoms develop, they may or may not do so & thus render our statistics fallacious. One thing however, is I think certain, at

least as far as I have seen, the results are no worse than those obtained by the other methods and certainly apparently better and theoretically it seems much more rational to expect it.

Case I. certainly derived benefit, the examination was very satisfactory and she has not returned for three months.

Similarly with Case II.

III however, returned, when it was found the ovaries were again adherent but were easily separated; we must therefore always be on our guard for a return of the condition, for it can easily be imagined, how a solution of continuity in these adhesions becomes again continuous, which if early seen is easily remedied.

IV required a pessary to complete the treatment, and was left in when last seen, in this case, therefore another form of treatment was adopted to assist us.

V was very satisfactory, as she was without a pessary for some days and all went well, but it was considered advisable

to introduce a pessary with the intention of removal some time later.

VI On the other hand is an illustration of an exceedingly obstinate case, but one in which the inflammatory affection was evidently of long duration, for the history shows the paracentesis had been performed nearly 20 yrs before & there is every reason to suppose that the inflammatory mischief has since then existed & would perhaps be of too organized a nature to yield to the manipulations.

Dr Bayot's cases.

The following come under the classification of Relaxation. Only two however I witnessed as the others were treated befor my arrival.

I. M. C. Aet 22. Married 13yrs 3 children 7 miscarriages. About four years ago she began to feel weak and suffered from a bearing down sensation as if something were coming down.

3½ yrs ago, had a miscarriage at 5ms and 2yrs 10ms ago, a premature birth when she stayed in bed 10-12 days; after getting up was very weak and now her womb began to come down & appear outside the vulva, it soon becoming as complete as at present. After being in this condition for some time she consulted the district midwife who advised her to press back the mass and support it was a pad & T bandage, which advice she followed until she came to Dr Bayot.

March 5th 1889.

She came to the dispensary, suffering from complete prolapse of uterus, & complete inversion of the vagina. The uterus measured 13 c. m. Great hypertrophy & oedema of vaginal walls which presented the appearance of thickened skin

External os everted & patulous, the vaginal portion of cervix exhibited 4 ulcerated patches each measuring from ½ to 1 cm. in diameter. The prolapsed mass was difficult to reduce, the reduction giving great pain to the patient. Vulva very patulous admitting whole hand easily posterior commissure excoriated but no rupture of perinaeum. Cervix can easily be lifted by hand in vagina above the level of umbilicus
Great hypertrophy of the uterus.
Elevation. Effleurage & Passive Gymnastics practised
6th March Uterus stayed up until this morning when it came down during defaecation.
Vaginal mucous membrane softened and not so oedematous. Uterus only prolapsed to ⅔ of its previous extent. – Massage performed.
7th Mar. Uterus has stayed ever since treatment yesterday, although she stated that she went about her house work all day and contrary to instructions carried 5 or 6 buckets of water, yesterday & 2 today, upstairs.
Uterus up, fundus lying to right & somewhat anterior
Massage performed.
8th Mar. Uterus up and almost in normal position. Anteflexed. Oedema & thickening

of vaginal walls rapidly disappearing.
She states that she has not felt her inside
keep up so firmly for 4 years past.
Massage.
9th, 10th, 11th Massage.
Vulval orifice contracted considerably
12th Absent
13th Massage.
14th Absent.
15th Uterus anteflexed did heavy days work
yesterday. Massage.
16th Massage.
17th Examine by Dr Macan. Uterus in position.
18th Menstruation began. Pelvic gymnastics.
To come after changes which lasted 4 days.
22nd Massage. Uterus up. anteflexed. 9½ c.m. long.
For the next 3 or 4 weeks the treatment
was followed and nothing unsatisfactory
occurred, she then returned to the country
coming back once or twice a few
months later when she was examined
and everything was found to be doing well,
when last heard of two months ago she
was enjoying the best of health & all was well.

II. R.S. Aet 34. Married. Multipara.
I was unable to obtain complete notes of this case.
She came to the dispensary bringing a boat-shaped pessary, stating that in April /87 she began to suffer with the womb coming down outside the vulva.
She attended various doctors till end of Dec. 1888
She then came to the Rotunda and was treated by various forms of pessary but none succeeded in keeping the uterus in place both pessary and uterus continually coming down.
This case was treated on exactly similar lines to the former. For the first three weeks, massage was performed every second day and for the next three she attended twice a week.
The result in this case was quite as good as the former & the patient herself was shown at the Dublin Gynaecological Society's meeting.

III L.C. Aet 24. Married 3yrs. 1 child, 2yrs since prey.
Uterus came down 5 wks after birth of child
which she states was born with one pain.
3rd July 1889. Complete inversion of vagina &
cystocele but no rectocele, considerable ectropion
3 ulcerated surfaces on vagina. perinaeum intact.
Supra-vaginal portion of cervix very long
Uterus never stayed up not even when in bed
Tried with all sorts of pessaries with no avail
Vulva so relaxed that whole hand went in
easily Uterus elevated almost to epigastrium
Massage.
4th July Uterus up, latero-flexed to right. comes
down almost to vulva on coughing. Massage
5th July Massage
6th " Uterus down, but not so much as formerly
Massage.
7th " Uterus up & to right. Massage
8th " Changes came on. told to stop in bed
10th Changes stopped. lighter this time than usual
Uterus stayed up all the time while in bed
Massage.
11th " Uterus up. lateroflexed to right cannot be
made to appear at vulva on coughing
Massage.

12th Uterus up. midway between ante- & dextro-flexion, cervix closed in & ectropion gone. Massage.
13th Uterus up: Dextro-ante-flexed. Massage.
14th " Ditto.
15th Not examined or treated
16th as on 14th. 17th ditto 18th ditto.
19th 20th 21st Not treated
22nd uterus up dextro-anteflexed. Massage
23rd ditto.
24th 25th 26th Not treated.
27th Uterus down. Cervix protruding 1 c.m.
28th Massage.
29th Uterus stayed up
30th 31st 1st Aug. ditto.
2nd Aug. Slight tendency to come down.
4th " ditto.
6th " Marked tendency to come down. Massage.
7th " Changes came on as then it was as bad as ever, even though she stayed in bed Treatment was then given up and she was operated on by Anterior and Posterior vaginal methods (Stegars), an extremely large surface was denudated & parts brought together by continuous catgut suture; the uterus then stayed up.

IV. E. R. Aet 58. Married 17yrs 12 yrs a widow.
No child or abortion. 5 yrs past climacteric.
She was sent in by Dr Lennon of Meath
hospital Dublin for prolapse of the uterus which
had excisted for over two months. Eight days
before coming to Dr Bagot, she went to the
Coombe Hospital, Dublin, where she saw Dr
Mason the master who wanted her to go into
hospital + be treated by operation. She states
he applied something to the womb which
burnt her very much and since then she
has had a semi-purulent discharge.
On 14th Feb she came to Dr Bagot, suffering from
incomplete prolapse of the uterus, complete
inversion of vagina with cystocele + rectocele.
Measurements.
Circumference of mass measured from anterior
to posterior comissure - 18 C. M.
From pubis to commencement of cervic. ectropion - 11 Cm.
From post. commissure to post lip of cervix 5 Cm.
Cystocele 8 Cm.
Amount outside vulva. 6 Cm.
Length of uterus 9 Cm. (3 Cm. inside vulva.)
Bowels regular as she was taking purgatives
Considerable ectropion and on anterior

lip on right side was an ulcerated surface 1 cm. × .5 cm. from which the discharge seemed chiefly to come. After washing the parts thoroughly & passing a catheter the mass was replaced & massage performed, which was difficult owing to nervousness & tenderness & therefore was but slightly performed, following this the vagina was douched & a plug of Iodoform gauze applied to ulcer.
19th Feb Plug removed, vagina douched, uterus has stayed up but retroverted tends to come down on coughing almost to vulva. ulcer smaller & healthier ectropion less. treated by massage more thoroughly
24th Feb Uterus retroverted to left, does not tend to come down so much on coughing. Plug removed. Massage
28th Feb Uterus 8 cm. long. ulcer almost healed. ectropion much less. uterus retroverted does not tend to come down at all on coughing
3rd March. Uterus up, retroverted to left, cervix has nearly closed in, almost no ectropion. Massage.
7th " Ectropion gone, ulcer healed. Massage
10th 14th 18th 20th Massage
27th Uterus up, normal with anteflexion but somewhat retroposed.
Has attended every three days since. uterus anteflexed. Only elevation and effleurage

were performed in this case and the elevation was chiefly done by means of an American forceps and cotton wadding.

V. This was a case which I only saw twice & intended taking the history on her next appearance, which unfortunately did not occur before I left.
The condition was one of retroflexion, easily replaceable but difficult to retain with any pessary. Elevation & effleurage were performed with the result that the uterus remained in position. A pessary was then introduced & when she returned in a week, the uterus was still in position and everything was very satisfactory.
The pessary was removed, massage performed the uterus maintained its position & the pessary was not reintroduced, three week later she had not returned.

Remarks.

These cases are on the whole very satisfactory and seem to proove that we have a very potent remedy for a very troublesome condition.

The one great advantage of these latter cases over the former which adds so much to their value as results, is the absolute certainty of the diagnosis, which can be demonstrated to any individual even the patient herself is fully acquainted with the condition & appreciates more a successful result, whereas it is only in the power of skilled gynaecologists to discover small thickenings & slight adhesions.

Moreover what is an extremely important point with reference to these cases of prolapse is that these patients were outpatients and following their daily vocation so that rest which is undoubtedly of great value in prolapse, was totally excluded.

Case I illustrates a perfectly satisfactory result, the prolapse here being complete. The improvement too was very marked from the beginning for although in two days

she performed as heavy work as it is necessary for any woman to perform, the uterus did not come down.
Henceforward everything went on smoothly & it is now over a year & nothing unfavourable has occurred so that I think we may safely say, here a great success has been scored.
And even though the condition did return a little massage every few months would put things right, which I think undoubtedly preferable to the continuous use of a pessary.
II. One in which no instrument would keep the uterus in position, it was treated with an equally favourable result to the former.
III. was a failure and it is difficult to ascertain the cause of it, but there are two facts worthy of note.
First. The length of the cervix which prevents the uterus being maintained properly anteflexed.
Second. A Relaxation of no ordinary degree, for not only did the state of relaxation exist

after childbirth, but from the history of her labour which although her first, terminated exceedingly rapidly, proving that the pre-existing tone of the various supports must have been somewhat deficient, perhaps, a congenital defect, a maldevelopment or subsequent atrophy of the muscular supporting structures (?).
Here however, an exclusive operation effected a cure, though we cannot say how far greater perseverance would have acted.
IV. Was one which I was able to watch personally & really to observe a wonderful result. This case was seen by other medical men of authority & operation advised which she did not care to submit to and thus she has furnished another success to this method.
V. is interesting on account of the celerity with which a favourable result accrued but unfortunately further history is needed.

Conclusion.

In the preceding pages I have endeavoured to bring forward what I consider a complete digest of Massage as a mode of treatment in these affections, although I do not wish it to be understood that I myself have witnessed all of these manipulations, but certain of them I have & reasoning from analogy consider the others of equal efficacy and hope it will in the future do much to assist us in the management of troublesome gynaecological affections & help in removing the stigma of incurable & render prognosis more satisfactory.

Its history is interesting, as it illustrates forcibly, how the employment of a method of real efficacy may be hindered or even prevented by prejudices founded on an incomplete knowledge or total misapprehension of the subject.

Although it is in itself a treatment exclusive of drugs, pessaries or scalpel, it does not by any means exclude any one or all of these from co-operating with it in bringing about a favourable result.

For take for instance, a case of uterine prolapse. Often it will not stay up with a pessary but it may do so after an operation or after a certain amount of massage.
Again, an operation may alone cure or a pessary alleviate. Massage may alone cure, or with or without operation, with or without a pessary.
This should be thoroughly explained to the patient, for she may go to another be treated by the other forms with success & unjustly consider the method a humbug.
For those who are rather shy of attempting it at first, it would be of special value as a 'dernier resort' when other methods have failed or in cases in which patients will not allow a 'cutting' operation.
Pure unadulterated success must not always be expected and here we are no worse off than with the other methods of treatment, each and all of which are but assistants to nature.
With drugs we work quite in the dark, for we do not know how much Nature is assisting us, hence the great difference

of opinion that exists in reference to their actions and results.
With Massage Nature is not such a powerful assistant, for when a uterus prolapsed & visible is by this method alone brought to its proper situation we have simply to look, see and as a result, believe.
Those who object on various grounds, should look rather to the benefits derived, for what can be more wretched for a woman than being a confirmed invalid a trouble to those around her and for whom life has lost all enjoyment.
In conclusion I must thank Dr Bagot for his kindness, in assisting me in studying this subject from all its points of view & hope I have succeeded in elucidating certain facts in a treatment which I consider most efficacious, but much maligned, and may result in a little assistance to suffering humanity.