Thesis

Massage in Gynecology

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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 and met with much adverse criticism, amongst British Specialists. This appears to me to have been arrived at chiefly by too hastily drawn conclusions and an exaggerated sense of delicacy, really 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 1859 by Dr. MacNaughton Jones of London, which admirably illustrates to my mind some of the reasons of this adverse criticism and also British ideas on the subject.

It first mentions a case in which "Bernal" massage was tried for constant headache, the patient also suffering from
retroflexion of the uterus which was replaced and massage adopted. The 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 any 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 treating and secondly, since few if any special massage was employed; therefore his 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 manifesto
of the anatomy physiology of the part. Further on he speaks of pelvic massage, referring to it as a 'licenced abuse,' which he does not purpose discussing, of possible advantages being overbalanced by certain evils, till further he states, 'we have had enough of unwarrantable unnecessary and unduly prolonged medical examinations.' Then he has the assurance to state, that he 'knows nothing personally of its value in metritis parametritis ovarian and 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 that he tried its efficacy, by what law of logic may last, does he propose to call it a 'licenced abuse;' also now 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 'Dravan entering humour,' which evidently shows he was right in confessing his ignorance of the subject, as it was never intended for negative, any right-thinking person must admit that his statements and arguments are exceedingly weak. There is the future that before any gynaecologist does but 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 honor, hoping that the profession would never regard it with favour, a most unscientific and conservative hope, for from the remarks I made, I judged that he had but a superficial knowledge of the subject and 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 aid the President, but Macan was the only one that spoke in favour of the treatment; now he from personal knowledge of its technique and results, was in fact the only one capable of giving an unbiased opinion, and 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 "Dropping." I forthwith adopted this view never intending to put 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. Baptist also by his predecessor Smith under the direction of the master, Dr. Macan.

As Dr. Baptist 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, and 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 fairly unfavourable, for the reviewer states that...
they "unhesitatingly condemn" the treatment and express an opinion, "that no English gentleman would be found willing to advice or practise it, a 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 individuals 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 the process of arriving at a view the poorer 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 new form of treatment presents itself, the profession is often too eager to adopt it in every case where there is a chance of it succeeding especially
So when any other mode of treatment has failed, generally then it is adopted without sufficient knowledge of its tendency 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 emetic operation which when first proposed was rigidly and unhesitatingly adopted as the "sumnum bonum" of all treatment calculated to cause the disappearance of symptoms however rapid 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 deliberations 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 own experience at the Rotunda, I think fully justify this supposition although formally, 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 effective, must consist of a series of manipulations guided by an exact anatomical and physiological knowledge of the region to be treated and not an indefinite rubbing friction carried out in a haphazard fashion.
hope that thereby good may result, just as
she gives a lengthy prescription in the
hope that one of its constituents at
least may benefit the disease.
If it is carried out definitely scientifical,
we will then be better capable 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 and medical gymnastics. He took his diploma and practiced his profession as masseur.

Seeing the results produced by French 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 left to adopt his views, but rather to regard them with skepticism 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 urine, 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.

That is noteworthy there, is that numerous eminent gynaecologists, for the purpose of investigating the method, tried him at first very sceptically but returned astonished having witnessed his diagnostic skill and results.

Dr. Neppi adopted his method in 1773 and 1775 a fellow-countryman next adopted his method in 1875 and obtained equally excellent results in various chronic affections. He quotes 135 cases of chronic appetites of which he completely cured 43 and almost cured 70 and the
other favourable case of much importance. Dr. Brandt of Vienna was persuaded by Meissn in 1878 to try the method. Professor Schultz, who is undoubtedly a classical authority in Gynaecology, at the request of his assistant Pogány, instructed patients at his Jena clinic to Brandt and Meissn for treatment by this method, and a publication by Pogány of a continuous series of sixteen cases treated by them, afforded sufficient evidence to convince Professor Schultz that we have in this method a potent agent for many chronic pelvic affections. Various other foreign specialists proceeded. Brandt studied his method and practiced it with success. Rech, Schantz, Vallée, Legeai, and still further it has been practiced at the Estanze with much success. This is perhaps the only school in the United Kingdom in which it is practiced to any extent. Thus it will be seen it is, as it were, still in its infancy and was met at first with opposition, which it still has to fight against, especially 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 and the written and experience of others that if it is conducted with proper care and manipulative skill, the excitement complained of is not produced. The special grounds for this objection are mainly these: first, the movement of the fingers in the vagina during the process, which is ascribed 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 sensitive 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 overexcitable females, in which case the treatment may be 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. I therefore 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 into it. That it is quackery can easily be disposed of 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 sect. 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 and by any of the ladies 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 fewittings
the patient's state, that both the pain which
formerly existed & the pain that was at
first caused has naturally decreased.
In some instances it may be better to perform
the first settings 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 expended 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 therefore 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 displaced.

The Peritoneum, Cellular tissue derive their importance, from being the situation of such 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 veins and lymphatic return for it is in this direction
that our movements should be executed.

1. Position of the uterus

This has been a much disputed point, owing chiefly to the mobility of the organ, its connexion with other distinctible organs and the difficulties of its anatomical study.

The normal position of the unparous pregnant uterus, the bladder + rectum being empty is, as I take it, one of antversion, anteflexion with the axis of the cervix in the axis of the trim, the body + fundus anteflected, the whole being slightly twisted to the right.

The forces which act to keep the uterus in position continuity with the vagina + the support given by the "fixed portion" of the pelvic floor is important in the etiology of uterine prolapse. Its connections, in front with the bladder + pelvic wall by means of the pubo-recto-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 urine.
more or less physiological causes as distended bladder, etc. The intra-abdominal pressure, the weight of the uterus itself & the condition of the surrounding 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 & on either side 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 pubic & bladder, bladder & cervix, all round the supra-vaginal portion of the cervix, between the vagina & rectum, giving prolongations into broad ligaments existing in greater quantities in its lower third.
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 and 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, per. b. d. urea, etc. Its importance lies in our being able to stimulate it to renewed activity when it has either become relaxed due to over-stretching of 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 infra-rima area. Communicating with the uterine plexus, which is outside the
muscular coat of the uterus, this latter plexus communicates with the paravaginal plexus opening into the hypogastric, the upper part of uterine travels upwards the lower downwards communications occur with the rectal and plexuses. These veins have no valves.

v. Lymphatics

The uterine, ovarian, those from the fallopian tubes pass outwards in the broad ligament to the lumbar glands, those from the cervix pass outwards at a lower level. with the paravaginal to 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 the general that it came to be applied especially 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, centrifugally i.e., from the periphery towards the heart. Its special action is in the stimulation of the cutaneous circulation and reflexes.

2. Pettrissage

In this we have a deeper form of manipulation, a process of kneading, reaching the deeper structures in certain definite groups, squeezing them, centrifugally. By it we stimulate the deeper structures, muscles, lymphatics, blood vessels.
3. Treatment.
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 manipulations...
is one of increased functional activity, for we have stimulation of the circulation and consequently increased nutrition and growth. Furthermore, we have absorption of inflammatory effusions which necessarily hinder functional activity and also decrease in nervous irritability—an antihyperaesthetic effect—the latter presumably being secondary to the above effects.

In this method therefore we have an increase physiologically and a decrease pathologically. For the normal functions are stimulated and 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) are stimulated to increased activity by the hypertrophic tendency, whereas loosely organized deposits (fibrin) 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. Purpose however, overstepping the bounds of massage in its true form and dealing with other manual manipulations such as the breaking down and stretching of adhesions, and will endeavor 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 more appropriate name would be that of 'manual treatment' as adopted by some authors in contrast 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.

It 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 in their mind the exudations in a chronic state of inflammation be massaged, they are so irritated that the inflammatory action is greatly increased by the encysted phlegm becoming liberated. Thus 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 that is to say, that 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, as 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 which 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. Relaxed states of Pelvic Anatomy
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. for diagnostic purposes. Here it is applied in cases of doubtful
Dwellings, 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 tuba into the abdominal cavity or an oncocyst collection burst into the peritoneal cavity with results that can better be imagined than described.

3. Gonorrhoeal 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 are that it merely set up a local peritonitis which if it became general is due to some other germ accompanying this specialoccus, if such be the case then these gonorrhoeal inflammation need not any
longer, from the fact of their being procted
in the purest sense of the term, to contra-indicate.
This of course is still sub-judice after the
present they must remain contra-indicating
for we know not yet the relations existing
between the Gonococcus and any other form
of micro-organism.

4. Deplorams.
The speculative but unscientific
gynaecological system has even
attempted to dispense these by his art.
for Dr. Wulwarter has recommended it
in ovarian cysts & states that in his
experience and that of Chotakes, 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 whatever in their
pathological anatomy and it is more
than probable that his beneficial results
were a great deal more imaginary 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 and bring the case speedily 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 menthion to be condemned. For is it possible from the study of the morbid anatomy, to conceive how such a treatment is to act specially 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. Hypothetical conditions.

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 the uterus.

6. During Menstruation.

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 aiding
in the absorption of inflammatory products.
Nissen is one of those who strongly recommend
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 the
patient is more excitable there is great
risk from causing septicemia which from
could be overcome by a rapid adherence to antiseptic.
There are one or two forms of massage major
importance which may be performed during
this state. Tapotement & slow rhythmic pluck
which will be spoken pluck on.

7. Severe Constitutional Conditions

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

8. Pregnancy

Massage of the pregnant uterus in cases of
persistent vomiting has been performed,
it is said with good results. The opposite
the danger of terminating pregnancy is evident.

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, circumstance, extent of the various pathological changes we wish to attack, which in certain cases is extremely difficult in others quite impossible.

Hijar 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 anæsthetic or 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 Brandt's point of view and is worth a few remarks.

In this position then, the operator sits on a low stool in front of the patient, and passes the index and middle finger of his left hand into the vagina, the thumb resting on the pubis, if 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 adherens, and also states, that it is only after attaining 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 even it put into practice for in the first place the abdominal walls are rendered tense thus only the internal fingers are felt, they too acting at a disadvantage, being unable to press back the perineum 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 indecorous, though from certain points of view all forms of gynaecological examination are indecorous, but where the advantages outweigh the disadvantages of its indecorous, such forms should be excluded from scientific work.

In the recumbent we simply have the position for the ordinary bimanual examination i.e. bimanual, with all the necessary preliminaries for obtaining the greatest degree of relaxation, the bladder emptied of course should be empty the patient perfectly at her ease, the hands of the operator should be warm.
with the nails cut short and used in a manner exactly similar to ordinary abdomino-pelvic examinations, thus we have them applied, both externally as in abdominopelvic 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 useful as a preparatory to the other forms, being used in the treatment of fatty abdominal walls, malnutrition and 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 extenctive cellular deposits protruding into the abdomen and will be referred to later on.

We also have the other forms of palpation, namely, vagina-abdominal, recto-abdominal, and recto-vagina-abdominal, and still further a form first practised byullet of Geneva the
uterine-abdominal. Here the uterus is first of all dilated by means of Hegar's 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 setting is packed with iodine gauze by which means a continuous dilatation is maintained so that dilatation will not be necessary at subsequent settings.

During this performance the most rigid asepsis must be employed.
Varieties of Massage

True McKenzie

1. Effleurage
2. Petrissage
3. Tapotement

Allied Forms

1. Extension of adhesions
2. Breaking down of adhesions
3. Elevation of the uterus

The above varieties are too intimately interlinked to be dealt with separately, as 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.
the flow.

Effleurage acts in both ways, Effleurage has slightly more of a mechanical action. 
Fapotement is purely physiological. Passive Gymnastics being indirect is probably much more physiological.

In the allied forms i.e. 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 & results and relaxation we include almost all the affections to be so treated, the only remaining one being diarrhoeic & even it may arise as the result of inflammation for we have it arising from rupture of vesels developed in the false membrane of peritonitis (i.e.) 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, making 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
afroaid organs the resulting displacements in the line of least resistance
with Inflammation therefore 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 fluid,
loosening of the various tendon 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. Pelvic peritonitis & cellulitis
   ii. Metritis
   iii. Ovaritis

2. Relaxation
   i. Prolapse of uterus
      (Posterior displacement of uterus)
   ii. Prolapse of Vagina (per. di.)

3. Hernia & scle
i. Peritonitis + cellulitis.
I do not consider it necessary to enter into any detailed description of the pathology of the above inflammatory states and their resulting displacement. Peritonitis gives rise to certain displacement + 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 those 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 practiced 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 to
themselves often become to a great extent
absorbed and will require further treatment
but in these cases massage often renders
great assistance in hastening the process.
Perhaps it is better not to treat Pruritus
Cellulitis separately although they are
do pathologically but are more or less
intermingled clinically and it is the
predominance of either that gives the
name to the condition.
Having localized the exact extent and
position of the mass, the external finger
both fix and press the structure up to meet
the external hand which is alone
called into action. The former only may
in order to give support to different
portions of the mass. First try by
attacking the periphery of the mass
which we may do for the first few days
then if the patient is uncomplaining
and no untoward symptoms develop we
may gradually proceed toward the centre.
It is far better to do too little than too much if there are the slightest signs of inflammation we must discontinue.

The movements at first slow, superficial, and gradually increasing both in rapidity and 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 setting is from 5-15 minutes in large swellings. Some have advised two setting 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 as 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 and 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 moves itself between the anterior surface of the uterus posterior of symphysis pubis, pushing that often backwards.

The movements as before described, are then made from the anterior surface of the uterus towards the symphysis.

If we are dealing with the lateral regions, we are chiefly then concerned with the broad ligament and structures therein contained and it is better perhaps to change hands accordingly to which side we intend treating if the left side then the left fingers should be used externally and vice versa, thus standing at the side of the patient as may act without changing the position of the hand. The internal fingers press the parts upward, the external hand presses them slightly forwards if they are movable, but not too much for then they may come behind the symphysis and so get out of reach. It is of course more difficult as we pass outward from the uterus as the oesous wall then
becomes higher the hands further to reach, in extenuating oxidation this difficulty is a great extent disappears.
Our movement here are outwards from the uterus to the lateral pelvic wall. In the Posterior Tongs 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 perinæum to the fullest degree. The movements are made from the uterus to the posterior pelvic wall. The aspect we often have considerable pain but after acute fits, tolerance gradually becomes established. There may exist conglomerate masses of oxidation matting together ovaries tubes in an unrecognizable mass, which after being massaged for some time becomes differentiated up into its component parts the structures therein contained nuclei evident and loosened from their pathological connection; also too cicatrical bands & adhesions become defined, which must ther
be dealt with by the first of the allied forms of massage, namely, the
removal 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 advantageous 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, 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 fix the uterus at all on the first day.
This manipulation is performed for several
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 of fixation. Each day after the extirpation, effleurage Pityrie are performed on the adhesion for a few minutes. Another method which acts in a similar way, by extension is that of distention of the vagina with hot water. 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 dilated; by elevating or depressing the can we are able to gradually the amount of pressure. By this means considerable traction 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 cicatricial cellular 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 extenso is obtained.

If the adhesions are found to be too unyielding we pass on to the still more heroic form Pfannenstiel. Breaking down of adhesions under an anaesthetic. This method was first advocated and adopted by Professor Schultz, especially in relation to posterior fixation of the uterus due to parotic adhesions. In the performance of this method it is necessary that one should pass two fingers into the rectum which lay hold of one 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, no account must be taken of their pelvic attachments would be dragged upon thus any of the neighbouring tissue may, if attached, become damaged. With the external hand between uterus and 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 haemorrhage from the tearing
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 haematocoele.
Adhesions passing from the body of the
uterus to the cervix may by moderate
pressure through the rectum be separated
while the external hand fixes the uterus.
In those cases in which adhesions are attacks
from the uterus to the bladder which are
exceedingly rare, it would be easy to reach
them with the external hand the uterine fingers
fixing the uterus.
We may also act upon uterine adhesions
after dilating the uterus, according to Bullock's
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 incising strips 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 antecut 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 Petrisage, gentle encircling of the uterus at first, and then pressing 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 and by means of a mechanism in the handle, it can be made to rotate on its articulation so as to describe a complete circle and be faced 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. Keating analogous to 'extirpation of adhesion' is that by dilatation of the uterus and packing it with iodiform gauze, which is allowed to remain there for some days, after which it is removed and the process repeated till a considerable
degree of dilatation is reached, or the discontinuance of the plugging a process as it were, if involution sets in and stirs up the resorptive action of the circulation on the inflammatory products, the carryout of the method requires the most rigid antiseptic precautions; both before and after the plugging the uterus is well drenched out with hot water which is an important therapeutic measure greatly assists us in obtaining our end. It is when the uterus is enlarged, hypertensive so soft that the milder forms of massage are indicated but when in the indurated state the latter measures should be adopted.
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 diagnosticien; 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. Relocation
   1. Prolapse of the uterus
   For 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. Tapping.

1. Elevation of the uterus
This method was invented and 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 Holliday a pupil of his practices it without an assistant.
The operator reduces prolapse & sitting at the left of the patient, introduces left index and middle fingers into vagina and having anteverted 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 cupulated, 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 and exerting strong pressure from above downwards from before backwards over the uterine. 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 uterine 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 uterine to prevent it becoming retroverted and allows it to fall gently down upon the median finger of the operator.

Pullit however dispenses with an assistant using a special form of pessary, his prototype pessary, which he states acts as well. He also acts single-handed elevated by means of his fingers on the cervix or in cases of great relaxation, the half or over
The whole hand is introduced, steadying the uterus all the while with his external hand through the abdominal wall. 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. Smith uses simply a Velloxellum or American forceps with or without a plug of cotton wool attached to it which acts similar to this instrument as well. The elevations may also be performed by distending the vagina with water as mentioned under ‘extension girding’ in which case we used hot water, but in the present case hot and cold should be used alternately, which besides acting as an elevator does much to stimulate and strengthen the muscular support. These elevations are performed 40-50 times at a sitting and it is remarkable how even after one or two sittings the uterus
may remain 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 therefore 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 of physiological hyper trophy. Davis in his work on 'Diseases of the Spinal Cord' mention 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 structure. The importance in these maneuvers 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 unsteadiness.

**Gymnastics of the limbs.**

The difference between this method the forms 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 and heels, strongly adducts her knees, the operator then endeavours to separate them whilst the rectus to the utmost, when he has succeeded, the 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 to this strengthen renders more effectual. This method is generally performed after elevation one which may be done during menstruation. Elevation 'gymnastics of the limbs' are indicated in cases of relaxation of the uterine supports, cystocele, rectocele, prolapse, januvulitis &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 relaxations and therefore morable, not the fixed forms which have been treated under inflammation. They are simply the preliminary stage of Prolapse and are therefore treated in much the same manner. 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 finger the ovary is pressed up to meet the external, which then grasp it & draw it upwards, rendering tense the ovarian and infundibulo-pelvic ligaments; effluvia is applied to these ligaments during the intervals between the elevations which are performed 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. **Hæmatocele**

Massage has been performed in retro-aurinal hæmatoceles, provided they have become inactive; but as a rule these blood effusions, if 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 cellular effusion, first attacking the periphery with gentle stroking & circular movements, increasing them gradually approaching towards the centre of the mass.
Case.

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 Points, ligaments, thickened broad ligaments, I have from time to time both treated and been treated in the out-patient dispensary of the Rotunda Hospital; such patients being only 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 they never returned regularly so that it was impossible to follow, but their history.

A great difficulty lies in being able to exclude the imagination of the patients for many will express themselves with nothing at all has been done therapeutically. But in cases where the physical signs and 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 insofar as I consider they bear upon the subject. Later I will mention a few cases of prolapse treated by Dr. Bajot one or two of which I saw personally.
Rotunda Cases.
I. M. C. Aprt 27. 48 yr old married, 3 children
Admitted Oct 21st 1889.
Complaint. Ill since last confinement 3mo ago.
Pain in back over stomach under left lobe.
Dysmenorrhea. Leucorrhea.
Diagnosis: Perimetritis, adherent ovaries.
2nd. 3rd-5th. Was kept in bed. Bowels regulated.
The health was much improved. Her general
symptoms decidedly lessened.
5th. Uterus natural size, normal position. Hypo-
elastic swelling on right side, egg-shaped.
Left tube slightly thickened.
5th-18th. Similar treatment. Swelling with resorption.
23rd. Violent pain in hypogastric region.
Tube collapsed intensely felt.
5th. 6th. At pain in rt. at iliac region to bone.
17th. 3rd. Separation of adherent ovary
hernia manually under ether.
After the operation which lasted about 15 minutes
the complainant felt pain in the hypogastric region
which gradually lessened until her discharge
on 13th Jan. her temperature and pulse
remains practically normal all the while.
Final examination found every 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. C. Act 40. Married 1794. 7 children, 1 abortion.
Admitted 11th Oct 1877.
Diagnosis: Adherent ovaries.

14th. Both ovaries adherent in Douglas pouch.
a tumour existing there the size of a billiard ball
uterus easily replaceable but immediately recur.
General treatment as formerly adopted until
Jan 20th. Separation under ether.
Uterus replaced, spec. inserted.
15th. Patient discharged.

Feb 28th. Patient returned. Spec. was removed
when everything was found to be going on well.

III. M. W. Act 27 yrs. Married 27 yrs. 1 abortion.
Admitted 5th Jan 1890.
Complaint: Pain in R. iliac region. Mamma, phlegm,
Diagnosis: Retention of urine & adherent uterus.

20th Jan. Went out wearing a periary.

Admitted 26th Jan. 1890

Complaint. Pain in back & site region.

Diagnosis: Adherent Uterus & Fixed Retrostition.
There was some slight difficulty in performing the separation which occupied nearly 40 minutes.
19th Feb. Separation, which was found to be easy.
24th Feb. Discharged. Everything satisfactory but a few vague pains remain up.

Admitted 14th Feb. 1890
Complaint. Pain in back, especially on defecation.

Diagnosis. Fixed Retroflexion.

Mar. 18th. Pessary changed.
" 17th. Discharged without pessary.
" 23rd. Returned. Everything pain on well.
Uterus slightly backwards. Pessary introduced.

FR. M. R. Age 35. Married 2 yrs. 6 children.
Admitted 20th. March 1890.

Complaint. Pain on micturition & defecation.
also in back. Dysmenorrhoea &.

Diagnosis. Perimetritis. Fixed Retroflexion.
A scar visible in hypogastrum, the result
of paraesecisis abdominis performed when
patient was 6 years old.
Mar. Uterus adherent to back.
Apr. Adhesions too difficult to separate.
although attempted for some time.
Apr. 2nd. Still in the hospital, no untoward
symptoms from operation.
Remarks

These four 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 measures adopted the most heroic 'break the bow' shall.

It will be seen that other forms of treatment have been used in conjunction with this, such as 'rest' and '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 patient once more pursue their daily occupations, i.e. a course of 'Unrest' which acting exactly opposite, undoes former benefit.

The chief symptom which underlies this repressive 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 inflammation on nerves. Unrest naturally irritates this symptom rest alleviates it. With Massage we go a step farther redo 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 a 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 each patient 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 method 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 another form of treatment was adopted to assist us.

V. was very satisfactory, so she was without a pessary for some days and all went well, but it was considered advisable.
to introduce a pessary with the intention
removal some time later.

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 than resisted would perhaps
be of too organized a nature to yield to
the manipulations.
Dr. Bayley's Case.

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

I. M.C. Act 22. Married 13 yrs; 3 children living. About four years ago she began to feel weak and suffered from a bearing down sensation as if something were coming down. 3 yrs ago, had a miscarriage at one and 2 yrs 10 mos 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 became 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 with a pad & bandage, which advice she followed until the came to Dr. Bayley.

March 5th. 1859.

She came to the Dispensary, suffering from complete prolapse of uterus, complete inversion of the vagina. The uterus measured 13 cm. Great hypertrophy of the vaginal walls which prevented the appearance of excoriations.
External os, everted, palpable, the vaginal roof, sp. cervix exhibited 4 ulcerated patches each measuring from 1/2 to 1 cm. in diameter. The prolapsed mass was difficult to reduce. The reduction group great pain to the patient. Vulva very patulous admitting whole hand easily posterior commissure everted but no restitution ampullae. Arms can easily be lifted by hand in vagina above the level of symphysis measuring hypertrophy of the uterus.


6th March: Wurms stayed up until this morning when it came down during defecation. Vaginal mucous membrane softened and not edematous. Wurms only prolapsed 1/2 to previous depth. — Massage performed.

7th March: Wurms has stayed ever since treatment yesterday, although she stated that she went about her house work all day and contrary to instructions carried 50 to 60 buckets of water, yesterday 42 today upstairs. Wurms up, fundus lying to right somewhat anterior. Massage performed.

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.

Uterus much contracted considerably
12th. Absent
13th. Massage.
14th. Absent.
15th. Uterus averted, did heavy day's work yesterday. Massage.
16th. Massage.
15th. Menstruation began. Pelvic gymnastics to come after changes which lasted 4 days.
22nd. Massage. Uterus up. averted. 9½ cm. long.

For the next 3 or 4 weeks the treatment was followed and nothing unsatisfactorily 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 and was well.
II. R.S. Age 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 1877 she began to suffer with the womb coming down outside the vulva. She attended various doctors till mid-July 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.
3rd July 1859. Complete inversion of vagina + cystocele but no rectocele, considerable ectopia 3 ulcerated surfaces on vagina, perineum intact Supra-vaginal portion of cervix very long Uterus never stayed up not even when in bed tried with all sorts of pessaries with us avail Vulva so relaxed that whole hand went in easily Uterus elevated almost to hypogastrum

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.
13th Uterus up. Dextro-anti- flexed. Massage.
14th bits.
15th Not examined or treated.
16th as on 14th. 17th bits. 18th bits.
19th 20th 21st Not treated.
22nd Uterus up dextro-anti-flexed. Massage.
23rd bits.
24th 25th 26th Not treated.
27th Uterus down. Cervix protruding 1 cm.
28th Massage.
29th Uterus stayed up.
30th 31st 1st Aug. bits.
2nd Aug. Slight tendency to come down.
3rd bits.
6th Marked tendency to come down. Massage.
7th Changes came on as then it was as bad as ever, even though she stayed in. Treatment was then given up and she was operated on by anterior and posterior vaginal methods (Stefan). An extremely large surface was denuded of parts brought together by continuous catgut suture; the uterus then stayed up.
IV. S. R. Act 58. Married 1740, 12 yrs a widow.
No child or abortion. 5 yrs past climacteric.
She was sent in by Dr. Lannoy of Meath
Hospital, Dublin, for prolapse of the uterus which
had existed for over two months. Eight days
before coming to St. Bapat, she went to the
Coombe Hospital, Dublin, where she saw Dr.
Mason, the master who wanted her to go into
hospital. She was treated by operation. He told
she 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 St. Bapat, suffering from
incomplete prolapse of the uterus, complete
inversion of vagina with cystocele rectocele
Measurements.
Circumference of mass measured from anterior
to posterior commissure - 18 cm.
From pubis to commencement of rectocele ectropion - 11 cm.
From post. commissure to post. lip rectocele - 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 oedema.
lip on right side was an ulcerated surface 1 cm. x 0.5 cm. from which the discharge seemed chiefly to come. After washing the parts thoroughly a catheter was placed & massage performed, which was difficult owing to nervousness & tenderness. Therefore was but slightly performed, following this the vagina was douchéd & a plug of sterile gauze applied to ulcer.

19th Feb: Plugs removed, vagina douchéd, uterus has stayed up but retroverted tends to come down on coughing almost to below. 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. Plugs 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 zone, ulcer healed. Massage.

10th, 14th, 18th, 20th: Massage.

27th: Uterus up, normal with anteflexion but somewhat retroverted.

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.

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 efforts 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 weeks later she
had not returned.
Remarks.
These cases are on the whole very satisfactory and seem to prove 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 and appreciates more a successful result, whereas it is only in the power of skilled gynaecologists to discern small thickenings slight adhesions. Moreover, what is an extremely important point with reference to these cases is that these patients were outpatients, and following their daily vocation to that past 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 day
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 and it is now over a year and 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 but, but there are two facts worthy of note.

First. the length of the cervix which prevents the uterus being maintained properly anteverted.

Second. A relaxation of the 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 per-rectal 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 extensive operation effected a cure, though we cannot say how far greater perseverance would have acted.

It was one which I was able to watch personally and 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 the method.

It is interesting on account of the celebrity 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 have been drawn from analogy; consider the others for equal efficacy and hope it will in the future do much to assist us in the management of troublesome gynaecological affections and help in removing the stigma of incurable cancer and the pronoun most satisfactory. Its history is interesting, as it illustrates forcibly, how the employment of a remedy of equal efficacy may be hindered or even prevented by prejudices founded on an incomplete knowledge or total misconception of the subject. Although it is in itself a treatment exclusive of drugs, prescriptions 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, if with or without operation, with or without a pessary. This should be thoroughly explained to the patient for she may go to another and be treated by the other forms with success or 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 ressort' when other methods have failed or in cases in which patients will not allow a 'cutting' operation. Pure unadulterated success must not always be suspected 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, whereas 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 to Joseph for his kindness, in assisting me in studying this subject from all its points of view and 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.