ON THE UTILITY OF MASSAGE IN THE TREATMENT OF DISEASES OF SOME OF THE ABDOMINAL ORGANS.

By W. R. THOMAS, M.D., M.R.C.P.,

CONSULTING PHYSICIAN TO THE SHEFFIELD PUBLIC HOSPITAL;
LATE LECTURER ON MEDICINE, SHEFFIELD MEDICAL SCHOOL.

MASSAGE—or rubbing—as a method of treatment has been known for ages, but more attention has been paid to it during recent years by the medical profession generally, especially in cases of paralysis of the several extremities, owing to the recommendations of Dr. Weir Mitchell, Dr. Playfair, and others; but I do not think that we, as a profession, sufficiently appreciate the efficacy of this method of treatment of diseases of some of the abdominal organs. It is an old method, which has been known to us since our childhood as medical practitioners, therefore we neglect it, and keep looking out for something new. I shall not relate a number of cases, but shall choose two typical ones out of a large number which, during the last twenty-six years, have come under my notice, to illustrate the efficacy of the treatment.

A man was sent into hospital from the country suffering from a large swelling in the abdomen, supposed to be malignant, which by pressure caused obstruction. He said that his bowels had not been moved for six weeks—of course we had to take his word for that. He could not take much food, was very sick, getting thinner and weaker every day, but there was no cachexia of malignancy. On examining the abdomen I found that it was immense in size, very tympanitic everywhere except on the left side, where there was a large swelling about six inches in length and three inches in breadth, but this varied. It was irregularly rounded in shape from side to side and felt very hard, I may almost say craggy; indeed, I am not surprised at anyone mistaking it for a malignant tumour. I recommended large injections of thin gruel to be introduced by means of the long tube twice a day, and the mass to be well and carefully rubbed twice a day from above downwards, especially at the lowest part; very little fecal matter was passed during the first two days, but on the third day a large quantity was evacuated. The passage daily of masses of hard fetid feces continued for about four days, the swelling entirely disappeared, and the patient was allowed to go out. In a few weeks this man presented himself as an out-patient, suffering again from accumulation and obstruction in the left colon. This time massage and large injections at home soon relieved him. The descending colon seemed to have lost its tonicity.

During the last twelve months, since I have been at Bournemouth, I have had some interesting cases, one of which I shall relate. A lady, about fifty-four years of age, who had many years ago suffered from a severe attack of typhlitis, was now laid up, and complained of pain in the right iliac region once more. The bowels had been rather costive for some time, but were moved every day or every other day. They were now more costive than usual, the appetite was poor, there was slight tenderness in the right iliac region, and a large swelling extending from there to the right hypochondriac region. There were great debility and anaemia, and the pulse was rapid and small. Evidently the colon was distended by a hard fecal mass from the caecum to the right angle. Very large injections twice a day were recommended, and gentle rubbing over the upper end of the right colon. Very little fecal matter was passed during the first twenty-four hours, but after that the quantity increased, and hard scybalous masses were evacuated daily until the swelling entirely disappeared. In this case the massage was brought to bear on to the upper third of the mass only at first, as the caecum was tender, but as the scybala became dislodged above and extruded the tenderness became less. Ultimately the whole mass was removed, and the patient got quite well. Aperient remedies given before the illness came on never seemed to act thoroughly, and although given at one period to assist other treatment they never satisfactorily acted on the bowels.

It was evidently intended by nature that the muscular movements of the intestinal canal should be aided by active contractions of the muscles of the abdomen, and it is equally evident that the liver and gall-bladder should be pressed upon directly and indirectly by the abdominal muscles, in-

cluding the diaphragm; and if gentlemen will persist in driving to their places of business and back, and ladies will, because they can afford to keep their carriages, go out every afternoon sitting in one position, and hardly ever have a real walk from year's end to year's end, they must expect to suffer. They have done their best to bring on disease. The liver becomes immense in size, inspissated bile remains in the tubes, the same lies dormant in the gall-bladder, and gall-stones form. Why? Because it and the gall-bladder are never well kneaded as they would be by the abdominal muscles if the patient took reasonable exercise; and in the same way the thin muscular walls of the intestines can never propel their contents, unless aided by outside pressure by the abdominal muscles.

Wealthy patients will drink gallons of the several aperient waters in a year to act on the bowels; but it is almost impossible to persuade any of them to take a little exercise, which would, as I have shown, assist the thin muscular walls in propelling their contents, and also express an increased quantity of bile, an aperient, into the duodenum.

Whenever a patient comes to me now who gives a history of past trouble in caecum, colon, or sigmoid flexure, and complains of constipation, excessive fulness, flatulence, or pain, I invariably make a careful examination; and almost as invariably find an accumulation which probably if neglected would end in inflammatory mischief, or perhaps ulceration; but which is soon relieved by injections and careful rubbing. Indeed, whenever any patient who leads a sedentary life, especially if inclined to be stout, complains of constipation and such abdominal symptoms as fulness, flatulence, &c., I examine, and often find an accumulation somewhere. I adopt the same treatment and follow it up by exercise, diet, and aperient remedies.

Massage is a powerful agent for good or for evil, and great care must be used in choosing proper cases. If the bowel is actually inflamed or ulcerated increase of mischief or perforation might ensue; but I must say in cases of typhlitis, with accumulation in the ascending colon, more can often be done than prescribing morphia, diet, and rest, and thus leaving the cause of all the mischief still there to irritate. I have seen injections and careful rubbing of the upper part of the colon, away from the seat of tenderness, give rise to easy evacuations, and the ascending colon has been gradually emptied from above downwards, without excessive action of the muscular coats and risk, but of course the treatment has been carried out with great care, and I have never seen any case injured by such. Of course I am speaking only of cases where there is accumulation in front of the caecum. I send these remarks for publication, and choose these two typical cases, not because there is anything new in the treatment, but simply because I believe we do not sufficiently utilise the valuable aids we have and we know of. I feel sure that scores of cases of obstruction, of typhlitis, and ulceration of bowels could be prevented by this kind of treatment. Instead of examining carefully such cases and treating at once, we often are satisfied with asking questions only, and prescribing pills which perhaps never thoroughly open the bowels, or, at all events, never remove the offending mass; and the same remarks will apply to the congested or fatty liver, or that in which the bile becomes inspissated and incipient obstruction is present. It is astonishing how the size of the organ becomes diminished, and the symptoms disappear after rubbing and kneading once a day for from two to four weeks, assisted, of course, by other treatment.

Bournemouth.

A CASE OF POISONING BY PHOSPHORUS, PRESUMABLY CAUSED BY THE INUNCTION OF RAT PASTE.

By LEONARD HILL, M.R.C.S., L.R.C.P.

WHILE taking the Cardiff Infirmary out-patient department for Mr. Rhys Griffiths on Sept. 14th, 1889, H. D—, a servant maid, aged fifteen, came as a patient. She complained of pains all over her, great headache, vomiting of blood twice, faintness and great languor, unquenchable thirst, and inability to take any food. A week previously she had been in perfect health. The illness began on Sept. 7th with headache and