SOME OLD PELVIC INFLAMMATORY DISEASES

THEIR NON-SURGICAL TREATMENT, WITH REPORT OF CASES

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Under the title, "Some Old Pelvic Inflammatory Diseases," I desire to call attention to a few affections of the pelvic organs which are commonly met by the general practitioner, but which he gives very little consideration or entirely overlooks in his management of diseases of the pelvic organs. I refer especially to chronic perimetritis with adhesions, chronic parametritis, shortening of the uterosacral ligaments with consequent retrodisplacement of the uterus, and lastly old pelvic cellular exudates. Kelly states that it is of the utmost importance that the general practitioner recognize clearly all his cases of pelvic inflammatory disease, so that proper treatment can be begun and these chronic sufferers relieved of their symptoms; but unfortunately, many of these conditions are not properly understood, no diagnosis is made, and the patient is given the usual routine treatment of tampons and douches.

We may divide our pelvic inflammatory cases into two classes. In the first class, we find among our patients some who are of a highly sensitive nature, and therefore difficult to examine, as any pressure, however slight, causes pain, which makes them so contract and stiffen the abdominal muscles as to render negative almost any method of examination. With a little patience, however, we can gain the confidence of these patients by the assurance that we do not intend to cause them any unnecessary suffering, and after their fears are allayed, we can gradually make a fairly thorough examination.

In the second class, we find the extraordinary cases. In these, the patient may have even wide-spread adhesions involving nearly all of the pelvic organs, yet may not suspect any pelvic disease, until some irregular menstrual function causes her to seek advice. Patients of this class can be thoroughly examined, a correct diagnosis made and appropriate treatment given.

The symptoms complained of in the diseases just mentioned consist of the usual train of gynecologic symptoms — dysmenorrhea, backache, leukorrhea, vague and obscure pains associated with headache, nausea and general malaise. The same symptoms may be caused by a variety of other pelvic diseases, as endometritis, salpingitis and ovaritis, so that the success of the treatment depends entirely on correct diagnosis. These forms of pelvic inflammatory disease may begin as an acute inflammation of the pelvic cellular tissue, or they may be chronic from the beginning and their cause may be puerperal, traumatic or from gonorrheic or other infections.

The diagnosis of chronic perimetritis with adhesions is made by bimanual examination. The outside hand is placed behind the uterus and holds that organ against the bladder, while, with the inside hand, the examiner presses his fingers between the folds of the uterosacral ligaments. He can then feel, if the uterus is held firmly with the outside hand, bands of adhesions running from the body of the uterus to the floor of the pelvis. There may be a number of these small fibrous bands and they feel about the size of heavy wrapping-cord. These adhesions when stretched or palpated are quite painful. This method is also employed when determining the condition of the uterosacral ligaments. These are felt

in the culdesac of Douglas, just behind the cervix; when enlarged by inflammatory changes, they are much thicker, firmer and larger than usual and are very sensitive to pressure or stretching. The shortening or thickening of these two ligaments naturally pulls back the uterus, causing its retrodisplacement and, instead of finding the uterus forward near the symphysis, the examiner finds it drawn so far back in the pelvis that he is barely able at times to palpate it. This is the condition which is the cause of so many backaches in women which cannot be cured by tampons, hot douches, sitz-baths, etc. By bimanual traction and massage, the replacement of fixed retroverted and retroflexed uteri is accomplished, and absorption of adhesions is brought about in cases in which very little or no relief can be expected from any other method of treatment.

The system of treatment in the Allgemeines Krankenhaus in Vienna for the conditions mentioned above, which I have followed for the past year, is as follows: while the index and middle fingers of the left hand (or for obvious reasons the index-finger) steady and support the cervix by slightly lifting it up, the right hand by a series of rotary movements gently massages the uterus through the abdominal wall. The movements are all from the shoulder, the hand, wrist and elbow being free and not stiff. These movements are performed slowly, ten to fifteen times at the first treatment and, if no unusual pain or soreness follows, the same treatment can be carried out three times weekly, until the patient is relieved of her symptoms. Even in patients with rigid abdomen, the operator is able after a few treatments to massage the whole posterior body of the uterus, thus improving the blood-supply of the pelvic viscera and at the same time stretching the adhesions which keep the uterus in an abnormal position and lengthening the uterosacral ligaments. By the same series of movements through the abdominal wall, a retroverted uterus which is movable can be brought forward; the only change made is to place the inside fingers against the anterior portion of the cervix and push posteriorly, at the same time bringing the uterus forward, and installing a suitable pessary with the outside hand. Massage of this kind is also indicated in puerperal cases of retroversion, in which the uterus is heavy and congested. The muscular tone of the uterus is thereby improved and exudation and improved circulation result.

CHRONIC PARAMETRITIS

At the sides and on the floor of the pelvis between the peritoneum of the pelvis and the fascia which it overlies, there is a layer of loose fibro-areolar tissue which is spoken of as the pelvic cellular tissue or parametrium. This is very often attacked by a specific or septic infection. These attacks may be acute or they may be chronic from the beginning. After treatment the inflammation either is resolved or causes atrophy or cicatrization of the cellular tissue.

Of lateral parametritis there are two forms, anterior and posterior. The anterior is more rare and sometimes extends over the surface of the bladder to the anterior wall of the abdomen. Chronic parametritis is sometimes found in virgins, the infection usually coming from the rectum; or the first attack may be due to an invasion from the intestinal tract about the appendix which eventually extends to the pelvic viscera. The causes are the same as in chronic perimetritis and shortening of the uterosacral ligaments. Freund gives as additional causes persistent masturbation, long-continued physical and mental suffering and malnutrition; he states that

a diminution of elasticity and an atrophy of the pelvic cellular tissue and the internal genitalia follow. Schultz has described a form of the disease called posterior parametritis, in which the folds of Douglas are short and inelastic. The symptoms in these cases are also similar to those described as occurring in chronic perimetritis, with the addition that these patients very often complain of dyspareunia.

DIAGNOSIS OF PARAMETRITIS

The diagnosis is made by palpation of the parametrium. When the examiner stretches with the fingers painful or sensitive areas which show evidences of narrowing or contraction the patient, as in the case of perimetritis, will complain of pain similar to that which she sometimes suffers. Scars in the vaginal vault, extending from the cervix, may be readily felt on palpation.

It is almost the usual routine with me to consider pain and tenderness, associated with swelling of the vaginal vault, the result primarily of diseased adnexa. In a great number of cases this is correct, but if one does not bear in mind the possibility of the existence of other diseases, grievous mistakes in diagnosis and treatment may be made. There are no hard-and-fast rules by which one may be guided in differentiating these conditions, but the physician must make a systematic examination, taking into consideration all the tissues and organs which are likely to be affected as the result of septic or specific inflammation.

A right-side parametritis can be, and often is, mistaken for appendicitis, as pressure low down in the right quadrant of the abdomen will elicit pain in both conditions; but, knowing the history of the case thoroughly, if we bear in mind the fact that the two affections frequently coexist, then by placing the examining finger in the vagina, putting the parametrium on a stretch, and at the same time the other hand over McBurney's point, the diagnosis can be easily made. Pelvic massage is absolutely contra-indicated in any acute inflammatory condition, in recent pus collections, in fibroids, ectopic pregnancy or in tubo-ovarian disease. My object, therefore, in relating the following cases is chiefly to show how often chronic conditions other than diseased uterine adnexa are met and how they can be relieved by pelvic massage.

CASE 1.—Mrs. N., aged 35, married five years, no children, one miscarriage at seven months, came under my care in January, 1910. Family history was negative. The patient denied all knowledge of gonorrheal infection. She had always been well up to three years previously, when she suffered for six months with mucous colitis and fermentative dyspepsia. She now complained of backache which was increased by moving around or standing, and pains situated deep in the right side of the pelvis, which occurred before, during and after menstruation, the latter lasting for a day or two at the most, the color of the menstrual fluid being very dark.

Vaginal examination showed the uterus anteфлекed and retroposed. On bimanual palpation, the whole right vaginal fornix was found swollen, painful and tender to pressure and I stated in my notes at that time that, undoubtedly, the right tube was involved.

I treated the patient with tampons, saturated with boro-glycerid, twice a week for two months and once a week for one month longer, besides giving her douches and tonics. She improved somewhat in general health, felt much stronger and not so nervous, but still continued to have backaches and pain during menstruation.

I did not see this patient again until November, 1911, when she stated that she still had the same symptoms and that, six

months previously, she had been confined to her bed and told that she had appendicitis but that she had refused an operation. On examination I found the uterus anteфлекed, but still further back in the pelvis than when I examined her two years prior to this time. I found the parametrium on the right side contracted and very painful and sensitive, the right tube only slightly enlarged, the ovary not palpable.

On examining the culdesac of Douglas, I felt numerous bands of adhesions running between the uterosacral ligaments, parallel with the uterus, which accounted for its being retroposed. I treated her on six or seven different occasions by pelvic massage, but the fourth week she failed to appear; a little later when she called she told me frankly that she did not see how those treatments were going to relieve her suffering, but that at her last period she had menstruated better than she had in three years and so had decided to continue treatment until she was well.

After three months, during which time I massaged the parametrium on the right side and, by bimanual traction and massage was able to stretch the adhesions that were keeping the uterus displaced posteriorly, I managed to bring the uterus to its normal position and thereby relieved the backache and the pain with which she had suffered. I met her a few weeks ago on the street, and she said that she felt perfectly well and now menstruated without pain and that the flow lasted three full days.

CASE 2.—Miss K., aged 21, called at my office, October, 1911. Family history was unimportant. She gave a history of having had pneumonia one year ago in March. For two years past she had had considerable pain in the right side for two days previous to menstruation, the flow being very scant, the time of its appearance irregular and the duration never over a day and a half. She soiled no more than two napkins during this period. She was unable to work the day after the pains came on. Six months previously she had been operated on for appendicitis, with the understanding that this would relieve the pains in her side.

Examination showed that, in addition to her other troubles, she had a simple goiter. Her appearance was decidedly anemic. There was a presystolic murmur of the heart, and her pulse was at all times over 100. Urine analysis was negative. Examination of the abdomen disclosed a small sinus in the appendicular scar, which was discharging because the remnants of a stitch had been left behind. The abdomen on the right side showed tenderness and sensitiveness to pressure which extended above McBurney's point. Patient denied having had gonorrhea or miscarriage. Vaginal examination showed the uterus somewhat enlarged, retroverted and very tender. The right side showed considerable thickening and swelling of the pelvic cellular tissue with the presence of an old exudate. In this case, not being able to palpate the tubes, I was not sure that there might not be a pyosalpinx. I gave the patient a very careful pelvic massage which caused her some pain. I then prescribed hot sitz-baths and tonics and advised her to keep off her feet for two weeks; this she said she could not do. I continued this treatment for four months, at the end of which time the mass on the right side had entirely disappeared. The patient suffered very little pain; the flow was increased to two and a half days, and she was able to work every day while menstruating.

CASE 3.—F. M., aged 29, German, single, first came under my observation eight years ago. Her mother died of cancer of the breast, aged 51. Father died of chronic interstitial nephritis, aged 65. The patient had had the usual diseases of childhood but had always been well up to her twenty-first year. Her menses appeared at 14 and she was perfectly regular for the following seven years; she then began to suffer with cramp-like pains and a dull heavy ache in the left pelvic region. She also began to have backache, especially, if she had to be on her feet for any length of time. After her menses stopped there appeared a milky discharge. At each succeeding period these symptoms increased and the pain continued at intervals in her side, even after she stopped flowing. After a time she suffered from pain daily, so that she was unable to lift anything without holding on to her side. The gonorrheal

discharge persisted. During the first day of menstruation she was compelled to remain in bed. She had been under treatment for three months when she came to see me, giving the above history.

Vaginal examination showed the uterus small and acutely anteфлекed. There was extreme tenderness on both sides of the vagina; in fact every part touched was sensitive, and the tubes and ovaries could not be palpated. Examination of secretion taken from the cervix showed gonococci. I then gave the customary tampon treatments with hot douches, tonics, fresh air, etc., with an application of 10 per cent. silver nitrate solution to the cervical canal. I continued to treat the patient at least once a week for nearly a year. She improved in strength, suffered very little with backache but was compelled to remain in bed during the first day of menstruation.

On November, 1911, she again came to my office and said that she would like to begin treatment as she was just as bad as before and had lost nearly forty pounds. On examination at this time I found the uterus still undersized and anteфлекed. There was not so much tenderness and pain from the examination; the tubes and ovaries could be easily palpated bimanually, showing no evidences of enlargement or tenderness; but running from the cervix, both right and left, scars of the parametrium were very easily felt, together with a shrinking of the cellular tissue. Placing the parametrium on a stretch caused so much pain that I took more care not to overstretch it. The diagnosis made was of parametritis on both sides and hypoplasia of the uterus. I gently massaged the parametrium on both sides, making the movements away from the uterus; then I inserted a tampon of boroglycerid to relieve as much of the congestion as possible and advised daily sitz-baths with rest for the remainder of the day. At the next visit the patient said that she was sore and tender for two days after her last treatment but after three or four applications of pelvic massage she did not experience further discomfort as a result of the treatment. I continued this method twice a week for two months and then once a week for five months. In two months the pains preceding and following the periods were relieved, as was the backache, and at the end of the sixth month the patient was entirely free from pain and was able to attend to her work on the first day of menstruation, which she had not been able to do for a period of eight years; she said, "I can now lift ordinary objects without having to double up with the pain in my side."

The leukorrheal discharge was not influenced to any marked degree by treatment, and as I could not promise a cure by curettage, she stated that she would let that continue so long as she was free from pain, and that she would stick to her douches which she had done religiously, never having omitted the use of the vaginal douche a day for eight years.

CASE 4.—Miss S., aged 21, consulted me Feb. 17, 1912. Family history was negative. The patient had never been sick, beyond the ordinary diseases of childhood and some slight attacks of fermentative dyspepsia. She stated that she began to menstruate when 11 years old, and that her menstruation was regular and without any disturbance to her health until she was 18, at which time she noticed that she had, during menstruation, pains on both sides of the pelvis and that these pains continued between the periods and increased and made her suffer more while on her feet.

She was then examined by a physician in another city, who told her that the uterus was tipped back against the rectum. She took treatments for two months, without relief, before she came to this city. She then placed herself under the care of a physician here, who tried various pessaries to hold the uterus in position, but without success. The following month she had a ventrofixation performed. After she was able to be up and around, she was again placed on tampon treatments, but while she got some relief from the backache, the pains before and during menstruation were not relieved, the discharge continued and she was sick and nauseated on the first day of menstruation. She denied having had any gonorrheal infection or miscarriages.

Examination showed a long narrow vagina and a cervix eroded over its whole area; from the patulous canal exuded

a thick, tenacious yellowish discharge, which could be removed only by an alkaline solution. The uterus itself was normal and in proper position. Bimanual palpation revealed tubes of normal consistency. The left parametrium was contracted and had numerous scars running from the cervix, which was very painful and tender when stretched. The right parametrium, anteriorly, was also painful and sensitive but was not so contracted as the left. I applied pyroligneous acid to the cervix and massaged the parametrium on both sides. I continued pelvic massage twice a week for four months, after which time I gave one treatment a week for two months. I also applied tampons containing boroglycerid and ordered hot sitz-baths once a day.

At the end of six months' treatment the patient had no pains in her side, was not sick and nauseated while menstruating, and now flowed for five days instead of seven. The discharge, which was undoubtedly due to the cervicitis, stopped very quickly, and the erosions on the cervix yielded quickly to the applications of pyroligneous acid. The only inconvenience which the patient suffers now is from a slight pain for a few hours at the time of the appearance of the flow.

I have had two other cases similar to the above, about which I shall not go into the details. One patient, a married woman, complained of pain above the appendix and examination of the abdomen showed that she was very tender and sensitive to pressure around and above McBurney's point. Bimanual examination showed shortening and thickening of both uterosacral ligaments. The uterus was drawn up and lying to the right side, where the fundus could be felt, lying over the appendicular region. Bimanual massage completely relieved this condition in a few months.

The other patient, also a married woman, following the birth of her only child, had infection and a perineal tear, the right levator muscle being torn completely through. She had considerable scar tissue in the right parametrium which was improved by massage, after which I brought the levator muscles together, relieving her of all her pelvic symptoms.

I realize that the report of these half dozen cases does not form a sufficient basis from which to draw exact conclusions concerning the treatment of pelvic diseases; still, the good results obtained speak favorably for that system of pelvic massage which is the routine treatment in some of the large foreign clinics for old pelvic inflammatory conditions.

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HOW MAY WE REDUCE THE MORTALITY FROM CANCER OF THE UTERUS?

WITH SPECIAL REFERENCE TO TREATMENT AND TO PUBLICITY THROUGH THE LAY PRESS

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We may first ask, What is cancer? At this time we know only that it is a new growth, made up of elements which, single, are normal in the human organism. In the disease termed "cancer," these elements are in abnormal sites and are grouped abnormally. The principal avenue for the dissemination of cancer elements, we have learned, is that of the lymphatic system, since those glands become affected quite early in the immediate neighborhood of the morbid growth. We are told that cancer elements may also be disseminated by the bloodstream; but of this we have no conclusive proof, and I myself have some doubt as to its correctness.

Unfortunately but little progress has been made in cancer research, despite the fact that a very large num-