

Everett (J. T.)

THE FARADIC TREATMENT

OF

UTERINE FIBROIDS.

BY

J. T. EVERETT, A.M., M.D., ✓

STERLING, ILLS.

*Reprinted from the AMERICAN JOURNAL OF OBSTETRICS AND DISEASES OF
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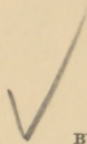


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Sterling, Ills.

WERE we to form an opinion from the standard works on surgery, as to what constitutes the proper treatment of uterine fibroids, that opinion would be that the proper treatment is to let them alone. But, thanks to a few progressive minds, the profession is rapidly emerging from the shadows of the past, and daring to think and act for itself, using such therapeutic agents as common sense and experience suggest.

According to the universal testimony of the leading authors, surgical interference with subperitoneal and interstitial fibroids has caused grave results. But ergot has been used endermically, per orem, and also thrown into the substance of the tumor with marked success, by such men as Hildebrandt, White, Byford, Chroback, Jackson, and many other lesser lights.

Judging, then, from analogy, we are led to the conclusion that the faradic current will also be a valuable agent in causing the reduction and extrusion of these morbid growths.

Having used it many times with entire success in cases of inertia uteri, placenta previa, and post-partum hemorrhage, and having been annoyed by the unsatisfactory and dangerous effects of ergot, I was led to try the faradic current in a case of uterine fibroid, and the result was very gratifying.

The principal objections to the use of ergot in these cases are : the difficulty of obtaining a reliable preparation ; its tendency to disturb nutrition and the secretions ; the alarming cerebral symptoms which frequently follow its continued administration ; its tendency to produce local inflammations of the stomach, bowels, or uterus ; the intense pain always, and the abscesses usually produced by its hypodermic administration. These, with other minor reasons, induced me to place my chief reliance upon the faradic current as the most desirable agent in the treatment of the following cases in my practice :

CASE I.—July 1, 1872, I was called to see Mrs. H. S. W., aged 37, multipara. I found patient much exsanguined and very weak. She had been troubled for two years with exhausting hemorrhage, usually at the monthly epoch, but occasionally in the interval. For the last two months there had been no cessation, and it was now alarming.

On making an examination, I found the uterus much enlarged, extending half way to the umbilicus, and at the patulous os was presenting the apex of an ovoid fibrous polypus, with pedicle attached to the fundus uteri. As the patient had been already thoroughly ergotized, until the stomach rejected all medicine, by another physician, who was treating her for a suspected miscarriage, electricity appeared to me to be the only admissible remedy, and I proceeded to use it in the following manner:

Placing the negative electrode—a copper disc, protected by a moistened cloth—at the sacro-lumbar junction, I used my hand as the positive, grasping the fundus of the womb, and pressing downward and backward, and passed a current from a double Smee cell through a Kidder helix. This treatment was continued for twenty minutes, during which time the enlarged uterus could be felt to contract strongly, and at the termination of the séance the flow had almost entirely ceased, and gave no further trouble during the treatment. The faradic treatment was continued daily, accompanied by the free use of iron and quinine as soon as the gastric irritability permitted.

July 25th, the os being well dilated and the walls retracted, I seized the tumor with a pair of strong forceps, and twisting off the pedicle, removed the growth, which was the size of a goose's egg. No hemorrhage occurred after the operation, and the patient made a good, though slow and tedious recovery. She has since borne a living and healthy child.

CASE II.—I was consulted in the spring of 1873 by Mrs. H. S. B., aged 32, mother of two children, who complained of intense dysmenorrhea, with menorrhagia and severe general disturbance at the menstrual epoch.

As no examination was permitted, I simply prescribed an anodyne, with alteratives and tonics. I saw the patient at irregular intervals during the summer and fall, but she was making no progress; on the contrary, the symptoms of pain and hemorrhage became more marked, and a cachetic appearance gave rise to grave fears of carcinomatous degeneration.

Late in the autumn, becoming disgusted with this treatment at arm's length, I insisted upon either an examination, or a change of physicians. An exploration then being granted, I found the os very much ulcerated and indurated, and, in the anterior wall of the cervix and body, a tumor of the size of a pigeon's egg. The os was treated locally and yielded promptly, and the patient was put upon a treatment of the faradic current as often as possible, in the same manner as in Case I., and, in addition, she was given the iodide and the

bromide of potash and ergot. But, as the patient was very erratic in her habits, the sittings were not frequent.

In June the patient moved to an adjoining county and came under the care of a skilful practitioner, who agreed with my diagnosis, and pursued the same course of treatment until the end of July, when the patient became pregnant and the treatment was suspended.

At full term the patient was delivered instrumentally, her labor being tedious. Hemorrhage of an alarming nature followed, which was controlled by the faradic current, which induced strong contractile pains, expelling the placenta and a sub-mucous fibroid the size of a hen's egg.

The patient made a slow recovery, being troubled for a long time with chronic pelvic cellulitis.

CASE III.—I was called, May 24, 1874, to see Mrs. R. H. W., aged 23, the mother of one child. The patient complained of a swelling in the left ovarian region, accompanied by severe pain and more or less profuse menstrual hemorrhage and leucorrhœa. Examination revealed a submucous fibroid of the size of a fetal head enclosed in the posterior uterine wall. As the patient was a strong advocate of homeopathy, and "could not take strong medicine," and as there was no urgent demand for medication, I decided to try the faradic current alone.

This treatment was given daily for half an hour at each séance, with marked decrease in the size of the tumor, until the 28th of August, when an intense pain ruptured the mucous membrane of the uterus overlying the tumor, and expelled the growth, which had become atrophied by the constant pressure upon it. The patient made a rapid recovery.

CASE IV.—I was called, July 17, 1874, to see Mrs. H. Le F., nullipara, aged 42. I found the patient much exsanguined from the effects of profuse flooding, from which she had suffered at intervals for the last 12 or 14 years, but which during the last 10 months had been almost constant, accompanied by but slight pain and no disagreeable symptoms except weakness and prostration. On examination I found the womb extending upward to the ensiform cartilage, occupying two-thirds of the abdominal cavity. Internally I found a fibroid tumor, filling the entire pelvic cavity and presenting at the distended os. As the hemorrhage was alarming, I gave a hypodermic injection of the aqueous extract of ergot, which lessened the flow somewhat, and caused slight contractile pains. This was repeated several times, but as painful abscesses were the result, I was obliged to desist; and, as the stomach rejected the ergot, I threw a solution of the extract into the uterine cavity, through a male catheter attached to a syringe; the first two injections of this kind worked well, but the third produced such grave symptoms of peritonitis, that I was forced to fall back upon the faradic treatment alone.

July 28th.—I introduced four silver insulated needles three or four inches into the substance of the growth through the vaginal orifice, and connected these with the negative pole of a 20-cell bat-

tery, placing the positive pole, in shape of a copper disc, on the abdomen. This treatment was followed by a free escape of serum, which gradually changed to fluid of a purulent character; the latter continued for several days. This treatment was repeated upon the fifth day with like results, and by the 12th of August the bulk of the tumor was greatly diminished. August 20th I passed a platinum loop around the lower third of the growth, attached it to a galvanocautery battery, and with gentle traction severed this portion of the tumor and removed it. No hemorrhage or depression following, I continued the daily faradization. Sept. 25th, the tumor being greatly reduced in size and the os well dilated, I passed the platinum loop around the pedicle and removed the tumor entire, notwithstanding its enormous size. The patient made a rapid recovery, and is now enjoying good health.

CASE V.—I was consulted in the spring of 1875, by Mrs. S. E. B., aged 42, mother of one child. The patient complained of intense pain in the right ovarian region and severe nervous disturbances at the approach of the monthly epoch, with nausea and vomiting, and profuse and often exhausting hemorrhage.

Upon examination I found a submucous fibroid of the size of a goose's egg, involving the posterior wall of the uterus.

As the patient lived a long distance from the city, I simply prescribed iod. pot. and ergot, but, on account of the gastric irritability, I was obliged to stop this and advised her to come to the city and submit to faradization. June 1, 1876, after waiting a year, the patient came, and I commenced the faradic treatment daily, with general tonics internally. June 15th, the tumor has lessened in size considerably and the flow is entirely controlled.

July 25th.—The os being well dilated and the womb pressed well down into the pelvis, a probe-pointed bistoury was passed up along the finger into the uterine cavity, and the mucous membrane along the entire length of the growth divided deep into the substance of the tumor. The induced current was at once applied, and the hemorrhage from the incision controlled.

On the 28th, during the treatment, a fragment of the tumor was expelled, and similar fragments continued to be extruded spontaneously until August 8th, when the patient was compelled to leave town and return home. Treatment was suspended from this time on, and the patient was put on the use of ergot, which was now well borne. This was continued for some months, when, as the tumor had entirely disappeared, all treatment was suspended.

CASE VI.—I was called in haste, July 19, 1876, to see Mrs. M. H., aged 38, mother of one child. I found the patient suffering with intense pain, which she called colic. Upon placing the hand over the abdomen, a tumor of the size of a child's head was discovered in the right inguinal region, which upon further examination was found to be an interstitial fibroid.

As the colicky pains from which the patient was suffering were induced by the contractions of the uterus, and as this was just what

I wanted, the indications were to reinforce and assist nature. I therefore applied the faradic current, and gave internally a capsule containing pulv. ergot and the syrup of *ustilago mydis*. This course was continued without interruption for seven weeks, with marked decrease in the size of the tumor; then, as the ergot disagreed with the stomach, it was left off, and the week following the *ustilago* was also discontinued, and the faradism continued for six weeks longer, when, as the tumor had nearly disappeared, all treatment was discontinued.

CASE VII.—I was called, August 15, 1876, to see Mrs. J. H., a Swede, aged 37, mother of four children. I found the patient exsanguined to the last degree. Examination showed a fibrous polypus depending from a pedicle the thickness of a man's thumb, attached to the fundus uteri. As the patient was exceedingly weak and the flooding was profuse, not having a battery with me, I put the patient upon half-drachm doses of fl. ext. ergot, and ten-drop doses of tr. ferri chloridi alternately every four hours. Aug. 16th, the patient being but little improved, I used the induced current 30 minutes, which stopped the flow at once and produced good contractile pains. The daily treatment with the secondary current was continued for three months, with iron and quinine as needed.

November 18th.—As the tumor had now contracted to the size of a hen's egg and become hard and cartilaginous, and no improvement had been perceptible for the past few weeks, a silver ligature was passed around the pedicle, a probe-pointed bistoury passed up along the finger, and the pedicle severed with much difficulty on account of its density. The tumor was now withdrawn, and presented the appearance of white fibrous tissue.

The patient from this time on made a rapid recovery.

CASE VIII.—I was consulted in the spring of 1876 by Mrs. D. B., aged 58, mother of two children. The patient complained of a profuse hemorrhage which had been troubling her for some months. An examination was refused, and the patient was given an astringent solution to use daily as a vaginal wash, and ordered to keep quiet. In order the more faithfully to follow these directions, the patient made the tour of the Centennial. On her return, much exhausted from the excessive hemorrhages which she had been subjected to during her journey, she came and requested an examination. I found the uterus extending nearly to the ensiform cartilage, bound firmly to the right side, and quite immovable, completely filling the pelvic cavity. The probe passed into the uterine cavity $11\frac{1}{2}$ inches, showing a submucous fibroid occupying the anterior wall, and measuring about $4\frac{1}{2}$ inches in diameter, as nearly as could be estimated. I at once commenced faradism, and gave ergot and *ustilago*. This was continued for four weeks, with good results; but at this juncture the stomach became rebellious, and the medicine was discontinued, and in its stead the aqueous extract of ergot administered hypodermically. But this caused painful abscesses, and was in turn discontinued. I next threw a quantity of the same preparation

into the uterine cavity, but this produced such alarming symptoms that I was compelled to fall back upon the faradic current as my last resort. January 1st, the tumor being greatly lessened in size, I thrust an insulated needle deep into the substance of the growth from the vagina, and used a strong induced current.

At the commencement of this treatment the hemorrhage was profuse, but after the current had passed for a moment it was checked. The mucous membrane soon ruptured along the most prominent portion of the tumor, and the mass bulged out into the uterine cavity, and soon became separated in the centre, remaining adherent at either extremity.

January 28th.—I seized a portion of the mass with strong forceps, and twisted off several large fragments. The faradism was continued until March 28th, when, as no further improvement was manifested, and the os was very rigid, the patient was etherized by my colleague, Dr. S. W. Gillespie, and I divided the sphincter by a free incision. The tumor was then seized, and strong traction made, but without bringing it down much. The finger was then passed up along the side of the growth, and the various bands of adhesion broken up as far as the finger could reach. Another unsuccessful attempt was then made at enucleation, and as the tumor was so firmly bound down to the uterine wall, and that in turn to its pelvic surroundings, I then proceeded to tear off as much as possible of the substance of the tumor with strong forceps, and succeeded in removing in this manner about two pounds of tissue. As the patient now began to show symptoms of exhaustion, I concluded to suspend operations. The patient recovered from the effects of the operation with marvellous rapidity, and although there was a profuse purulent discharge, there was not the first symptom of septicemia. The patient is now coming to the office for treatment, the remains of the tumor being about the size of a goose's egg, and the womb being quite movable in the pelvic cavity.

CASE IX.—Dec. 21, 1876, I was called to see Mrs. S. A. H., aged 48 years, mother of seven children, of fleshy, robust habit. I found the patient suffering agonizing uterine pains, with a profuse sero-sanguineous discharge from the vagina; feet and ankles edematous. I found a fibrous polypus of the size of an orange occupying the cavity of the uterus.

The use of the faradic current was commenced, and continued daily until the 5th of January. In the meantime I attempted to use ergotine hypodermically, but the patient complained so much of the pain and inflammation attending the punctures, that after the fifth trial I was forced to discontinue their use.

January 8th.—The tumor being greatly reduced in size, and the os well dilated, the tumor was seized with strong forceps and twisted off without difficulty. The patient stood the treatment remarkably well, and is now coming to the office daily for further treatment.

The conclusions at which I have arrived, from a review of these cases and others which have been reported, are:

1st. The faradic current, if judiciously used, is equally potent to produce uterine contractions as the preparations of ergot.

2d. It is more easily controlled, can be begun or discontinued at a moment's notice, and the dose can thus be more judiciously apportioned.

3d. It never disturbs nutrition or the secretions, and does not interfere with digestion.

4th. It never produces pain in distant organs, is followed by no cephalic disturbance or nervous shock.

5th. It never produces inflammations or other local injury.

