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A LARGE OEDEMATOUS MYOMA TREATED BY ABDOM-  
INAL ELECTRO-PUNCTURE.\*

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Mrs. C. M. W., aged forty-five, never pregnant; menopause two years ago. An abdominal tumor was discovered ten years before consulting me, accompanied by menorrhagia; but at this time there was no flow, notwithstanding which the tumor was rapidly growing and becoming softer. Her general health was decidedly affected—rather more than is usually the case with fibroid tumors.

On March 20, 1891, she placed herself under my care, at which time the abdominal circumference was thirty-seven and one eighth inches and the upper limit of the growth four and a quarter inches above the navel. In size and shape it resembled the pregnant uterus at term, and was soft and semifluctuating. The uterine cavity was but three inches deep.

In order to determine the character of the growth, the patient was placed under the influence of nitrous-oxide gas, and the needle of an aspirator thrust deeply into the growth through the abdominal wall. The point apparently entered numerous small cavities, withdrawing one and one eighth ounce of a serous liquid, which was sent to Dr. Allen J. Smith for microscopical examination. The following letter was received from Dr. Smith:

332 SOUTH SEVENTEENTH STREET, *March 31, 1891.*

DEAR DOCTOR: I went over the specimen you left with me very carefully yesterday. The clot is, I am quite sure, an ordinary blood-clot, and the appearance of muscle or connective-tissue fibers is simply given by a peculiar contraction of the fibrin of the clot compressing the blood-cells into an elongated shape. Washing the clot and staining by Weigert's fibrin stain shows the real nature of the mass to be

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such, and staining by ordinary nuclear stains, as carmine and Bismarck brown, fails to bring out the cellular appearance seen in the unstained preparation. I do not think, therefore, that you are warranted in concluding from this specimen that you are dealing with a myoma or a fibroma.

On the contrary, none of Drysdale's cells are to be found either in the mass or in the liquid.

Taking the whole matter into consideration, I should regard the blood as probably accidental, and the fluid from a broad-ligament cyst.

Very truly, ALLEN J. SMITH.

In view of the doubt thus thrown on the nature of the growth, which, however, I still thought might be an œdematous myoma, I decided to ask a consultation with Dr. William Goodell with a view to sending her to him for operation. This the patient objected to most strenuously, resulting in my decision to test the contractility of the growth with strong external currents. It was found that such currents did cause a temporary hardening and shrinkage, and I therefore decided to use galvano-puncture by the abdominal method, passing three insulated needles at each application through the abdominal wall, all connected with the negative pole of the battery. This was done on three occasions during the following two months with a strength of 65 milliampères, external applications being also employed. At the end of this time the girth was reduced two and one eighth inches to thirty-five, and the upper limit was only two inches above the navel.

From September, 1891, to March, 1893, nine such punctures were made varying in strength from 100 to 300 milliampères, during which time no other treatment was used, and a continuous decrease in size was noted. Since the termination of the treatment the patient has been under occasional observation, and at her last visit, during the past winter, the tumor was the size of a large orange only, with general restoration of health.

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