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DISCUSSION TO TREATMENT OF UTERINE
FIBROMATA.

BY JAMES R. CHADWICK, M.D.

I beg permission to offer the hitherto unpublished reports of my experience with Dr. Apostoli's treatment by electrolysis. I would premise by stating that to the best of my ability I followed categorically the method of Dr. Apostoli with all his antiseptic precautions. In all cases except one (No. IX.), I introduced the platinum sound into the uterine cavity and used the earthen cake on the abdomen. The negative pole was invariably applied to the uterine cavity. The battery was supervised by a skilled electrician, Dr. Robert Amory, of this city.

CASE I.—Mrs. S., retroflexion and fibroid the size of an orange. Fifteen treatments of five minutes each, with a strength varying from 80 to 130 milliamperes. After the first few applications there was a seeming decrease in size, but after the fifteenth the size was "as large or even larger than at first." There was some decrease in the menorrhagia.

CASE II.—Mrs. A. was sent to me by Dr. E. F. McQuesten, of Nashua, N. H. Multiple fibroids rising as high as the navel. Ten treatments of five minutes each with 85 to 115 milliamperes. She returned to Nashua the day after the last treatment and was attacked with metro-peritonitis on reaching home, from which she slowly recovered after several weeks in bed. There was absolutely no other result of the treatment.

CASE III.—Mrs. K. Obstinate dysmenorrhœa. Four treatments of two to five minutes with 50 to 70 milliamperes. Nine months later she reported one menstrual period as free from pain, less pain than formerly in the succeeding three, but since then quite as much pain as before the applications.

CASE IV.—Miss B. Fibroid in the body of the uterus rising

presented by the author



nearly to the umbilicus. No discomfort except from the size of her abdomen. Ten treatments of five to six minutes with 60 to 110 milliampères. The tumor gradually rose from out the pelvis, but no change in its size could be detected. She refused to continue treatment, because her abdomen was more prominent and she had lancinating pains from which she had previously been exempt.

CASE V.—Mrs. McG. Menorrhagia from endometritis and hyperplasia. Ten treatments of five to six minutes, with 65 to 130 milliampères. Menstruation became normal and remained so for two years, when she reported it to be as profuse as ever.

CASE VI.—Mrs. B. was sent me by the late Dr. G. A. Priest, of Manchester, Mass. Fibroid in the body of the uterus, the size of a peach. Excessive menorrhagia. Ten treatments of five minutes with 60 to 170 milliampères. No change in the size of the fibroid. The menorrhagia was subsequently reported by Dr. Priest to be no better than before.

CASE VII.—Miss B. Endometritis and cervical hyperplasia. Three treatments of five minutes with 45 to 85 milliampères. Menstruation became more profuse than previously, and she declined further treatment.

CASE VIII.—Miss C. P., of Ohio. Dysmenorrhœa from extremely sensitive internal os, but no endometritis. Five treatments of five minutes with 50 to 70 milliampères. No relief from dysmenorrhœa.

CASE IX.—Mrs. C. was sent to me by Dr. A. J. C. Skene, of Brooklyn. She had a fibroid involving the posterior wall of the cervix, lying in and distending the vagina so as completely to fill the pelvis. Dr. Skene wrote me that she had been treated by him for some weeks by electrolysis, with a sponge electrode applied to the surface of the tumor, with the result of causing a tangle of large bloodvessels, then visible, to disappear. There was a deep fissure in the presenting surface into which I habitually introduced my electrode. Six treatments of five minutes with 120 to 175 milliampères. The most scrupulous antiseptic precautions were observed. On the day following the last application she had a chill followed by a rise of temperature to 105.5° F. Septicæmia set in, terminating fatally on the twenty-

sixth day from pulmonary embolism. An autopsy was not allowed.

CASE X.—Mrs. P. Multiple fibroids rising two inches above the pubes. Dysmenorrhœa. Two treatments of five minutes with 60 to 100 milliampères. On the day after the second she had a chill followed by metro-peritonitis of subacute type that kept her in bed for three weeks. The fibroids were unchanged in size during the following year, as they had been during the previous one. The dysmenorrhœa persisted, and it was some months before she fully regained her health.

CASE XI.—Mrs. J. S. Fibroid nodule the size of a large walnut in the anterior wall of a retroverted uterus. No menorrhagia, but pain in abdomen and back. One treatment of five minutes with 70 to 80 milliampères. On the following day she was attacked with intense pain in the abdomen, which, with high fever, persisted until her death on the sixth day. An autopsy was not allowed, but metro-peritonitis seemed to be the cause of death.

There were several other patients with fibroids to whom single treatments were given without recorded results, as they never returned again.

It will be seen from these brief records that the only *favorable* results were in diminishing menorrhagia (Cases I., V.), and once (III.) in temporarily relieving dysmenorrhœa. In no case did a fibroid decrease during or subsequent to treatment. In three cases (II., X., XI.), metro-peritonitis was caused, one of which terminated fatally. In one case (IX.) septicæmia set in, resulting fatally. In two cases (VI., VII.) menorrhagia was increased. In one case (VIII.) dysmenorrhœa was unrelieved. In one case (IV.) persistent slight lancinating pains were set up and lasted for some time.

With such unfavorable results it was manifestly impossible for me to persist in this method of treatment, yet, in justice to Dr. Apostoli, I must point out that in no case was the number of treatments such as he prescribes (20 to 30) as essential to success.

I differ from Dr. Reamy, who claims that we must not regard this method of treatment in a very critical spirit. That is precisely what I think we should do, for the reason that this treat-

ment is offered as a panacea for nearly all the diseases of the pelvic organs. We are told by Dr. Apostoli, or his followers, that electrolysis will cure amenorrhœa and menorrhagia, the most diverse conditions; that it will cause fibroid tumors to diminish in bulk; that it will benefit all the non-suppurative inflammatory affections of the uterus, its appendages and the peritoneum, and that it will relieve all kinds of pain attendant upon these conditions.

When we learn that this panacea is a form of electricity I think that our past experience warrants our subjecting its claims to the most vigorous scrutiny. There are but few of my hearers who can have forgotten the claims made by a Russian physician residing in New York, Dr. —, to cure cancer of the breast by this very same electrolysis, or of a Mexican, Dr. Semeleder, who came to New York a few years ago with wonderful stories of his cure of ovarian cysts by the same electrolysis. Neither of their claims proved, when tested, to be of any value whatsoever, and now this will-o'-the-wisp, electrolysis, reappears with its claims for recognition as an efficient therapeutic agent in a new and extensive field.

In this critical frame of mind, and with the experience that I have had, I feel warranted in insisting that the method is a dangerous one; that its claims to diminish the bulk or even arrest the growth of fibroids is questionable and unproved; that its effect upon inflammatory conditions of the pelvic organs is not substantiated by the facts published. Its alleged effects in arresting hemorrhage of the uterus, through its caustic action upon the lining membrane of the uterus, has *à priori* considerations, and a preponderance of experience, in its favor. Whether it is the safest and most efficient agent to achieve this end seems to me open to question.