

Medical Memoranda

Treatment of Prostatic Carcinoma by Oestradiol and Diethylstilboestrol

The fact that American work on this subject is not widely known in this country leads me to report the following cases.

CASE I

A doctor aged 72 was seen in the spring of 1941. Carcinoma of the prostate was the clinical diagnosis, and this was confirmed by biopsy when Mr. Millin of London performed a perurethral removal of the prostatic "flap" to relieve increasing urinary obstruction. After an initial improvement the patient went gradually downhill with increasing urinary obstruction. X-ray examination showed metastases in the lumbar spine, and symptoms suggested metastases elsewhere. From July, 1942, because of general weakness and acute back pain he was only able to get out of bed for short periods, and from Oct., 1942, he was completely confined to bed. By the end of December he was requiring three or four hypodermic injections of morphine gr. 1/3 in 24 hours, micturition was very painful with cramp-like pains, the left thigh was swollen with lymphatic oedema, appetite was non-existent, and his colour was grey. There was no evidence of infection of the urinary tract; the prostate felt per rectum was hard, nodular, and large.

Early in Jan., 1943, treatment by intramuscular injection of oestradiol benzoate was started, tentatively at first, and then, after reading the paper by Kahle, Ogden, and Getzoff (1942), more boldly, 42 mg. (420,000 units) being given in the first 28 days. Improvement in the general condition, appetite, and colour was rapid and dramatic. This was followed more slowly by relief of the urinary symptoms. The back pain disappeared, the morphine was reduced, and the change in three weeks from a grey sufferer to a pink-cheeked man with a good appetite had to be seen to be believed. On examination per rectum the prostate was softer and had decreased in size.

Improvement since that date has continued, and he is now able to walk upstairs and out of doors for short distances. In 80 days he has had 159 mg. of oestradiol benzoate, 5 mg. being given on alternate days. In view of his good condition the dose has now been cut down to 5 mg. twice weekly. The only adverse effects, noted were painful nipples and some allergic nasal catarrh; in view of the markedly beneficial results these symptoms were borne with some degree of equanimity.

It must be remembered that this patient is a doctor who, with full knowledge of his disease, at first regarded the treatment with a natural medical scepticism, polite but nevertheless apparent.

CASE II

A retired artist aged 80 was seen in Nov., 1942, with an enormous and very hard prostate. Urinary obstruction was increasing, and was obviously soon due to be complete. As his condition was very poor it was agreed to await developments, and to perform a permanent suprapubic drainage when absolutely necessary.

On Jan. 3, 1943, treatment was started with oestradiol benzoate, 1-mg. doses being given daily. This was followed by complete urinary obstruction, and tied-in catheter drainage was adopted. The injections were stopped. In spite of a clean urine the patient went downhill, and in view of Case I the injections were restarted with larger doses, 5 mg. being given on alternate days. Improvement in general condition, appetite, and colour was rapid and sustained, and in a month he had put on about 1 st. in weight. As catheter drainage was still necessary a permanent suprapubic catheter was inserted under local anaesthesia.

In 71 days he received 135 mg. of oestradiol benzoate. On March 15, 1943, he was changed over to diethylstilboestrol (Boots), 5 mg. being given on alternate days, and improvement has been maintained. He is now able to walk some distance.

CASE III

This patient, aged 71, was seen on Jan. 15, 1943, with advanced carcinoma of the prostate, marked enlargement of the deep inguinal lymph glands, and lymphatic oedema of the thigh. His symptoms dated back for twelve months, and his weight was under 8 st. His appetite was non-existent.

This case was seen by Mr. Bernard Ward of Birmingham, who immediately performed a partial perurethral resection in order to avoid permanent suprapubic drainage.

On the patient's return home his urinary symptoms had been relieved, but his general condition was still poor and his appetite still absent. On Feb. 19 he was started on diethylstilboestrol (Boots), 5 mg. being injected daily, and 215 mg. being given in 44 days. Improvement was rapid and obvious after 7 days, and is being maintained. Over 1/2 st. in weight has been gained in six weeks. Again appetite, colour, and general condition were the first to respond, but improvement in urinary symptoms and the oedema in the thigh is following. Painful nipples are present in this case.

SUMMARY AND CONCLUSIONS

Three cases of carcinoma of the prostate, all advanced, are reported.

Improvement by treatment with large doses of oestradiol benzoate and diethylstilboestrol was marked and sustained. (My feeling is that the former works better than diethylstilboestrol, but it is much more costly.)

Improvement of secondaries appears to take place with that of the primary growth—Schenken, Burns, and Kahle (1942).

From a limited experience it seems that some form of drainage should precede the starting of this treatment, preferably perurethral diathermy.

The giving of large doses of diethylstilboestrol is theoretically carcinogenic; in advanced cases of carcinoma of the prostate this risk may, I think, be taken.

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REFERENCES

- Kahle, P. J., Ogden, H. D., jun., and Getzoff, P. L. (1942). *J. Urol.*, **48**, 83.
Schenken, J. R., Burns, E. L., and Kahle, P. J. (1942). *Ib. id.*, **48**, 99.

Pseudocyesis Simulated in a Male

The following case of hysteroneurosis may be considered worthy of record on account of the rarity of the condition. A feature of interest was the close association between the patient's clinical symptoms and the initial and final stages of his wife's pregnancy. The case responded to psychotherapeutic treatment.

CASE RECORD

In June, 1942, a soldier aged 27 was admitted to the medical wards of an emergency hospital as a case of " ? abdominal tuberculosis." He remained in hospital for 40 days, during which time the abdominal distension which was the only abnormal finding in his case progressively diminished. He was thereafter discharged to his unit, and from this period onwards he remained well and constantly employed at his Service duties. On Feb. 20, 1943, he was again admitted to the medical unit of an emergency hospital with a complaint of abdominal distension and epigastric pain of one week's duration. The history revealed the sudden onset of abdominal pain while on parade, followed by abdominal distension and vertigo. Vomiting quickly ensued, which was associated with the putting on of his tunic belt, and did not occur at other times. The severity of his condition progressively increased until his admission to hospital.

Physical Examination.—He was a well-developed man, displaying considerable abdominal distension. There was an absence of tenderness to palpation, and the distension was uniform throughout, offering resistance to deep palpation. This resistance was most marked over an oval area extending from the umbilicus to the symphysis pubis in the middle line and measuring about 5 in. in breadth at its widest point. The circumference of the abdomen was 41 in. at the mid-umbilical level. There was an absence of any localized rigidity or dough-like feeling of the abdomen. With the exception of the physical signs of anxiety, which were pronounced, nothing of clinical interest was elicited on physical examination. Radiography revealed negative findings; test-meal curves were within normal limits; tests for occult blood were negative; and examination of the various systems failed to disclose any abnormalities. On March 3 the abdominal distension was still present to the same degree as on his admission to hospital.

Psychological Examination.—There was well-marked anxiety present. He was morbidly introspective, reticent, and monosyllabic. It appeared that his wife was shortly to be confined and that he had made attempts to secure compassionate leave on account of this. It was significant that when he first learned of his wife's pregnancy in June, 1942, symptoms similar to those on account of which he had been admitted to hospital ensued. On Feb. 13 he had received a letter from home at 8 a.m., and his abdominal distension resulted at 11 a.m. on the same day. Temperamentally he was of a nervous, highly strung, and emotional type, and had previously displayed a deep interest in religious affairs.

In view of the symptoms presented, the diagnosis of hysteroneurosis was made and it was decided to initiate treatment by "reinforced" suggestion. On March 3 12 c.cm. of a 1.5% solution of pentothal sodium was administered intravenously and an explanation of the causative mechanism underlying his condition was given to him. While in the narco-analytical state suggestion was carried out. The abdominal distension slowly subsided and at the mid-umbilical level was reduced to 30 in. The reduction was maintained at this level for a period of one hour subsequent to treatment, and thereafter slowly returned to the former level. On the following day suggestion was given with the patient in the waking state, when the distension again subsided. On March 15 the distension had entirely disappeared; there was complete freedom from pain on deep pressure, and he was able to be employed on light ward duties. On April 15 he was discharged to his unit with a recommendation for a lowering of his category. Leave was granted in order to enable him to visit his wife, and he had volunteered the statement that he now felt better in health than he had done for the past ten months.

I wish to express my indebtedness to Dr. J. Norman Cruickshank for his original recognition of the underlying causative factors, for his co-operation in granting facilities for the examination and treatment of this case, and for his permission to publish the results.

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