Medical Memoranda

A Case of Adenocarcinoma of Jejunum

Malignant tumours of the jejunum are not common. Stein (1937) finds that they comprise only 1.3% of all malignant bowel tumours—including the stomach—over a five-year period. A study of 108 cases of malignancy in the small intestine by Chas. W. Mayo (1940) showed that the average age of patients was 52 years. These cases formed 0.7% of all malignant bowel tumours over a period of 33 years. He finds that only 42.4% are resectable and the mortality is 30%. The case here recorded is of interest because of the age of the patient, the lack of bowel symptoms, and the size of the tumour.

CASE RECORD

An Army patient aged 29 was admitted to a medical ward in this hospital in Jan., 1942. He gave a history of pain in the back. It was of an aching character, almost always present, made worse by marching, and relieved by taking a deep breath. The pain had been present for five or six weeks. He had been treated elsewhere four weeks before admission, and had been given tablets, which afforded relief. There was no history of cough or night sweats. He did not know if he had lost weight, but realized he had lost colour. He had vomited twice, but there were no other abdominal symptoms whatever. A mass was discovered in the abdomen, and I was asked to see him on Jan. 20.

Examination showed a very pale man with a slight cyanotic tinge to his mucous membranes. There was a mass to the left of the umbilicus; it was as big as a grapefruit, hard, somewhat irregular, not tender, and could be pushed up until the upper edge was hidden behind the left costal margin. The essentials of the blood picture were: R.B.C. 2,100,000; haemoglobin 45%. I advised transfusion and laparotomy, the provisional diagnosis being malignancy of colon or greater curvature of stomach. A transfusion of 750 c.cm. of blood was given that afternoon (Jan. 20), and the man was transferred to the surgical unit.

Next day a second drip transfusion was given, during operation, which was carried out under gas, oxygen, and ether. A left paramedian incision disclosed a large tumour of the upper jejunum, involving the mesentery to a much greater extent than the bowel. The proximal edge of the tumour was only a few inches from the duodeno-jejunal junction. The mesenteric involvement demanded a wide bowel resection (30 in.): to do this the duodeno-jejunal flexure and part of the third portion of the duodenum were mobilized. Resection and side-to-side anastomosis were performed. On Jan. 23 the red cells numbered 4,600,000, with haemoglobin 80%. The patient was very well despite a productive cough. On Feb. 6 he was up and about.

The pathological report reads: "Sections show an adenocarcinoma, apparently primary in the jejunum, invading deeply into the mesenteric tissues and local lymph glands."

I am indebted to the Department of Health for Scotland for permission to publish this case.

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Gynaecomastia produced by Desoxycorticosterone Acetate (Doca)

Enlargement of the male breasts during treatment of Addison's disease with "doca" seems to be unrecorded, but it occurred recently in a patient under my care.

A diabetic man of 32, who had lived on insulin for 20 years, developed typical Addison's disease in the autumn of 1941 and a severe crisis in 1942, from which he was rescued by large doses of eschatin salt, etc. Later an unsuccessful attempt was made to substitute doca, and large doses were given. After 15 mg. daily for a week the breasts were perceptibly enlarged, and after 20 mg. for another week much more so. They began to subside 3 days after stopping doca and resuming eschatin, but did not become normal until 2 weeks later. *Pari passu* with this enlargement the patient experienced intense libido, including erections, in spite of extreme debility and the feminine breast manifestations. The latter consisted in considerable general glandular enlargement and slight tenderness, without nipple changes or any sign of lactation. I did not try to reproduce the effect by another course of doca as it caused general oedema. The maintenance dose of cortical extract is 30 c.cm. eschatin a day.

Doca has been shown to cause gynaecomastia in mice (*Proc. Soc. exp. Biol.*, N.Y., 1939, **41**, 389), and eschatin (6 c.cm. daily) in one male patient with Addison's disease (*J. Amer. med. Ass.*, 1938, **111**, 412). In my case, however, eschatin alone had no such effect, for when doca was stopped the mammary enlargement disappeared in spite of continuous large doses of eschatin.

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Reviews

ACUTE HEAD INJURIES

Acute Injuries of the Head: Their Diagnosis, Treatment, Complications, and Sequels. By G. F. Rowbotham, B.Sc., F.R.C.S. With a foreword by Norman M. Dott, M.B., F.R.C.S.Ed. (Pp. 288; illustrated. 25s., plus 7d. postage.) Edinburgh: E. and S. Livingstone. 1942.

This book should rank high among monographs on head injury. It is written in a direct and practical way, primarily for those responsible for the early treatment of head injuries—that is to say, for surgeons and general practitioners who have had no special training in neurology or neurosurgery; and thus, in an attempt to supply the necessary background, the author has included much information of a general kind on such subjects as cerebral localization, radiographic methods, and neuro-surgical technique. The main sections of the book deal with pathology, diagnosis, and treatment of head injuries, but there are also chapters on the dynamics and on the sequels of head injury. Mr. Rowbotham was well qualified to write this book: first with Prof. Geoffrey Jefferson, to whom the book is appropriately dedicated, and then in his own clinic at Newcastle, he has personally dealt with over 1,000 cases of head injury. That his experience has been comprehensive may be judged from the fact that he reports observations on 200 patients unconscious after head injury, and 500 cases of the post-concussional syndrome, as well as on gunshot wounds and air-raid casualties.

Of the need for a book of this kind at the present time there can be no possible doubt. From the figures which Mr. Rowbotham gives it is not improbable that head injuries in this country amount to well over 100,000 a year. The majority of these are, and must continue to be, treated from first to last by general practitioners and general surgeons, and, as the war has revealed, the treatment provided has been not infrequently at fault, especially the manner of repair of open wounds and the management of convalescence. This book provides sound and detailed instruction in the diagnosis and treatment of acute head injury, with admirable hints on the nursing problems; and the picture is not obscured, as so often it was in the past, by attempts on the part of the writer to link the symptoms with hypothetical pathological events. The instructions for treating shock, and examining for injuries in other parts of the body before attempting to treat the head wound, are just what the surgeon dealing with accidents requires. For severe head injuries, with certain reservations, the author favours moderate dehydration, though the figures he quotes to support active surgical measures—such as dehydration, spinal drainage, or decompression—are without statistical significance. Apart from repair of head wounds, operation is only required in a very small proportion of the cases, and the detailed description of the operation of subtemporal decompression seems rather unnecessary in view of the fact that Mr. Rowbotham performed it only 5 times in his 1,000 acute cases. It is also open to question whether the general surgeon is qualified or equipped to perform the operation.

In the section devoted to the sequels of head injury there is a comprehensive and sympathetic account of the factors which interfere with the patient's adjustment to his accident. The author has very definite ideas about the causes of post-traumatic headache and dizziness: he believes that they are mostly organic in origin, but he recognizes also that they are subject to psychological influences, and that in each case there is an interplay of the functional and the organic. There is much useful information on the compensation aspect of head injuries, but the reader is perhaps left with an unduly gloomy view of the late results of head injury. There is too little indication of the fact that by far the most common sequel of head injury is early return to work and, in spite of occasional headaches, a fairly rapid recovery of previous working capacity. Failure to recognize this fact handicaps the doctor considerably in the after-treatment of head injuries.

The subject of head injuries is a complicated one, and Mr. Rowbotham has not sought to over-simplify. He has produced a well-printed and well-illustrated book which will act as a guide and stimulus to all who deal with the immediate