

Three Cases of Cancer of the Breast, Illustrating Phases of X-Ray and Radium Treatment

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Reprinted from AMERICAN JOURNAL OF ELECTROTHERAPEUTICS AND RADIOLOGY,
Vol. XLII, No. 6, June, 1924

Three Cases of Cancer of the Breast, Illustrating Different Phases of X-Ray and Radium Treatment¹

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These were cases of very different severity requiring of course different methods and intensity of x-ray treatment. One of them, a man about fifty years of age had always been very fond of fencing. In this sport one is frequently given a hard punch in the left breast and one points to the spot with the remark "touché." In spite of the padded clothes I think that this cannot be beneficial; in his case there developed what he considered to be an infected sebaceous gland and this was thoroughly squeezed and treated with tincture of iodine until it developed into a mass about the size of a pecan nut and was really quite sore. No enlarged axillary glands were to be discovered. My associate Dr. Woodbury and I removed the growth by means of electro-coagulation and curettage, and the specimen was sent to Dr. Sondern for microscopic examination; it proved to be carcinoma. This operation had been preceded by ninety minutes application of 50 mg. radium filtered by 0.4 mm. steel, 1 mm. brass and 8 mm. of felt. The operation left an area measuring about 1½ inch of raw surface which at one time seemed to be granulating rather slowly. Healing was facilitated by the application of the high frequency effluve and was complete about six weeks after the operation. At the end of another month an application of deep x-ray was made to the axilla. Two thirds of an erythema dose of x-rays corresponding to 170 k.v. filtered through 0.5 mm. zinc and 6 mm. wood, the other factors were 2 ma. at 16 inch distance applied for sixty minutes. In this case it seemed as if the disease was absolutely local and as if by the use of radium and electro-coagulation it had been destroyed without

danger of systemic extension. So only the mildest prophylactic application of x-ray was required. He seems perfectly well at the present time, fifteen months after the operation.

Another case was at the opposite extreme. There was a large carcinoma of the breast with a supra-clavicular mass of carcinomatous glands and recognizable extension behind the clavicle and upper part of the sternum. Of course a complete removal was impossible but

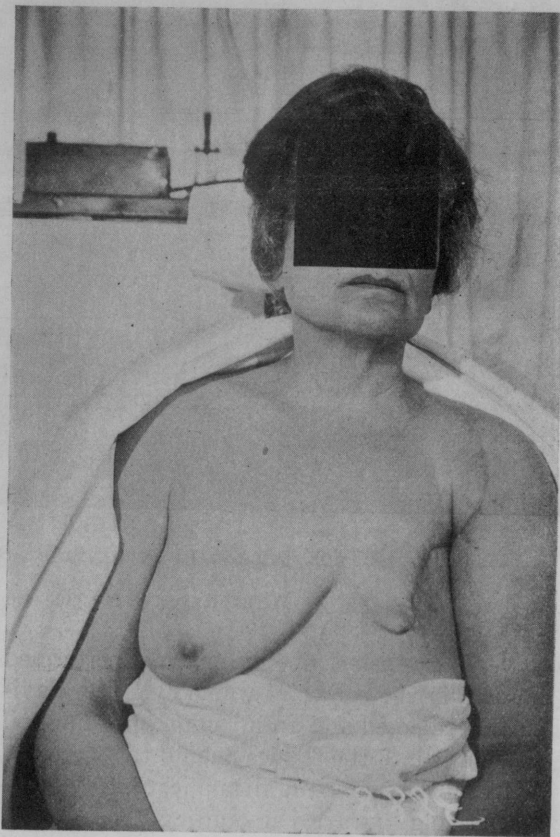


FIG. 1. CANCER OF BREAST AFTER AMPUTATION AND
RESECTION OF THE CLAVICLE FOR REMOVAL OF
SUPRACLAVICULAR GLANDS WITH POST
STERNAL METASTASIS

¹ Case presented by Sinclair Tousey, M.D., at the regular monthly meeting of the New York Electrotherapeutic Society, February 6, 1924.

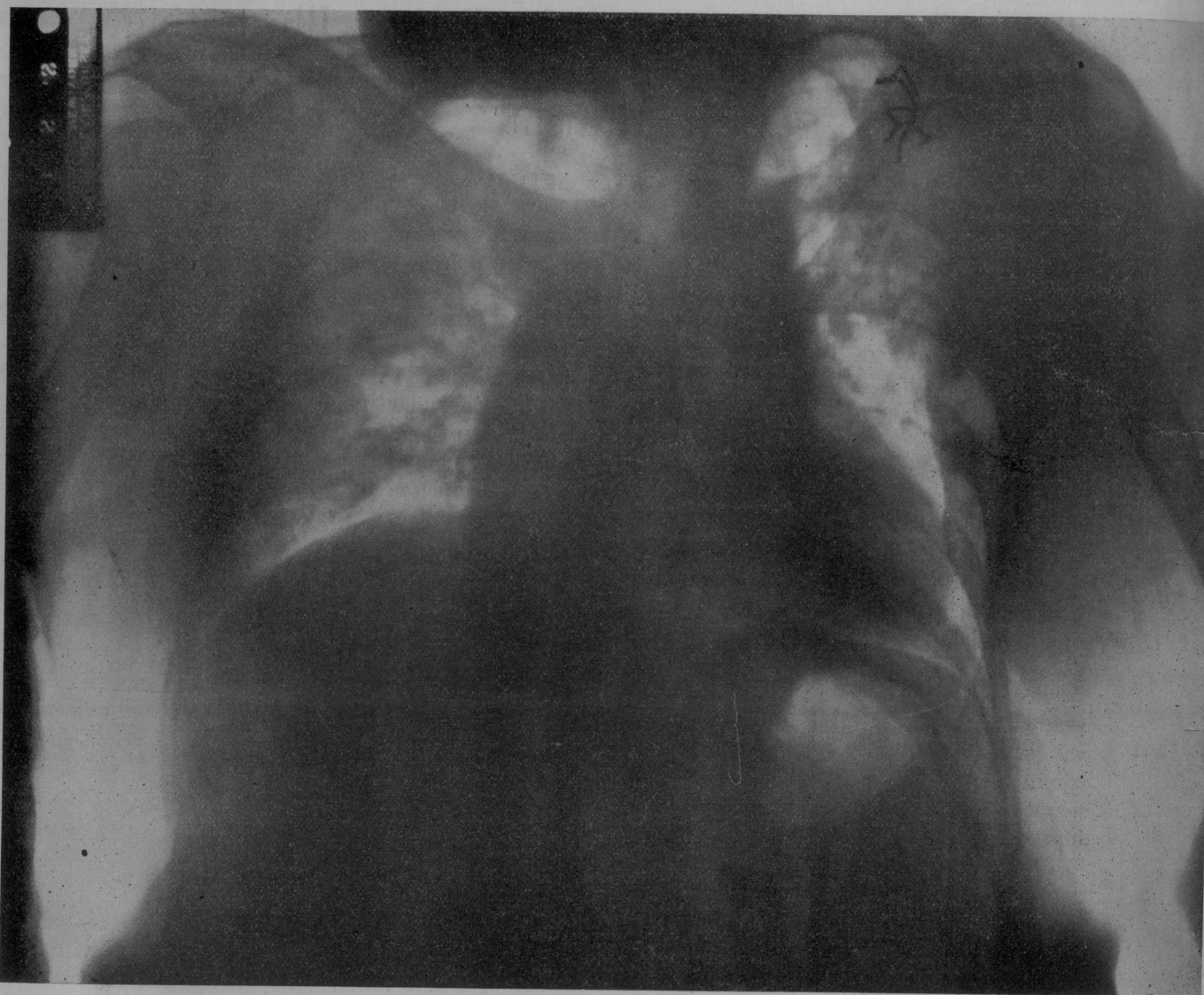


FIG. 2. PULMONARY INVOLVEMENT SECONDARY TO CANCER OF THE BREAST

Wire sutures where clavicle has not united after resection

a very extensive operation was performed abroad, in the course of which even the clavicle was resected and an injection of radium oil was made into the tissues behind the sternum. At about the same time an application of deeply penetrating x-rays amounting to a full erythema dose was applied over the front of the chest on that side. The radiograph which I show was made the the time she was referred to me and demonstrated the presence of a

pulmonary involvement. There was also a return of the supra-clavicular growth. No union has taken place and the wire sutures are still seen where the clavicle was resected. This was only about four months after the operation. The danger of damaging the skin where the previous heavy dose of x-ray had been applied made me keep away from the front of the thorax on that side. This proved to be wise because in time teleangiectasis appeared there.

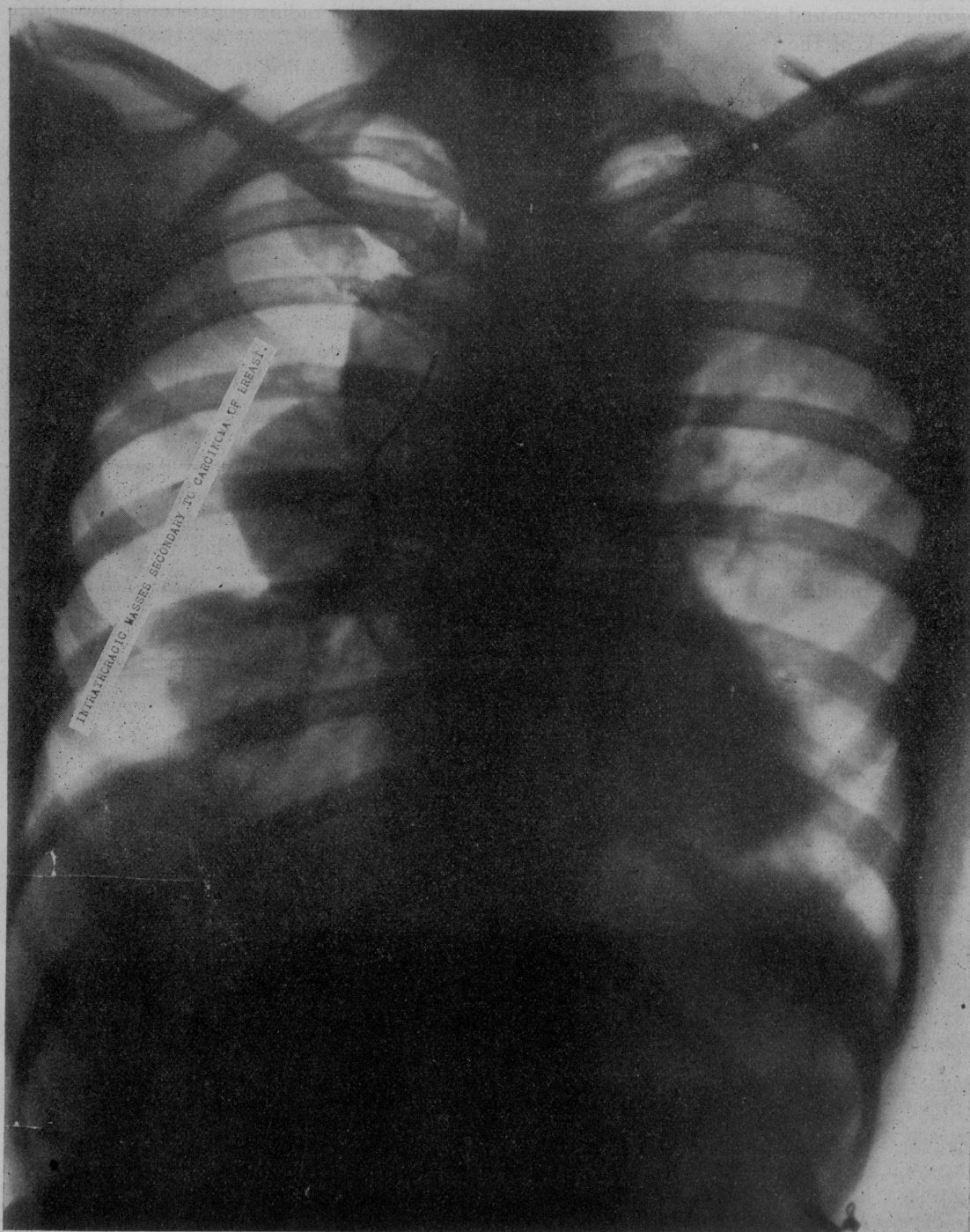


FIG. 3. INTRATHORACIC INVOLVEMENT FROM CANCER OF THE BREAST

My applications were to the supra-clavicular region, anterior and posterior mediastinum and to the back of the thorax on both sides. It seemed at first as if she were improving but in the course of a few months breathing became more and more difficult and she died.

Another case was referred to me eight years ago after operation for cancer of the breast and I was able to give my regular prophylactic treatments as a preventive of recurrence. This consists in applications to the region of the affected breast, also the opposite breast, both axillae and both supra-clavicular regions, the region of the stomach, the gall bladder and the pelvis.

My advice is always to have such a series of treatments once every six months. This, however, is not always followed out by the patient and in this particular case after seeming perfectly well for five years she was sent back to me with a recurrence manifesting itself by a small nodule external to the ribs at

the upper median part of the chest on the same side. But the radiographs showed two quite extensive deposits inside the chest itself. Radium was applied to the external deposit and deep x-ray therapy to all parts of the chest. In the course of a few months she seemed so entirely well in spite of the slight x-ray signs remaining that it seemed proper for her to have an intermission in the x-ray treatments. I gave her strict injunction to have another course of treatments at the end of six months but both she and her physician were unable to see the necessity for this. She came back at the end of two or three years with another external nodule which had to be excised and which has been treated with radium. There are quite marked intrathoracic masses for she has been receiving deep x-ray therapy. She seems the picture of health but of course the prolongation of her life depends absolutely upon the regularity of her treatments.

850 SEVENTH AVENUE, NEW YORK.



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AMERICAN JOURNAL OF ELECTROTHERAPEUTICS AND RADIOLOGY

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