

FIG. 2

The levels of urinary corticoids, as determined by the formaldehydogenic technique, were virtually normal and were not significantly changed during the cortisone therapy. Clinically, the pubic hair has become sparser, the lanugo hair which began to appear shortly before institution of therapy disappeared, and the patient has a less muscular appearance. In addition, the increment in height and weight appears to have levelled off, but the bone age, which at 33 months was already five to six years, continued to advance despite cortisone so that at 44 months it was eight years.

SUMMARY

The treatment in a three year old female of pseudohermaphroditism, due to congenital adrenal hyperplasia, with cortisone acetate in doses as low as 25 mgm. q.d. for 18 months has had the following effects: (1) reduction of steroid levels to normal; and (2) reversal of masculinizing stigmata. However, a further advance in bone age has not been prevented.

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PULMONARY HISTOPLASMOSIS WITH CAVITATION

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ONLY A FEW CASES of pulmonary histoplasmosis associated with cavitation have been described.^{1, 2, 3} We wish to report a case with extensive disease and large cavities in the upper portions of both lungs. *Histoplasma capsulatum* was isolated on two occasions from the sputum of this patient.

A white male of 31 years was referred to the Royal Edward Laurentian Hospital's clinic on December 7, 1953 because a routine chest radiograph revealed signs of extensive bilateral pulmonary disease suggestive of active pulmonary tuberculosis. The patient's principal complaints when he reported to the clinic were morning cough and expectoration of six months' duration. He attributed these complaints to excessive cigarette smoking. His present occupation was that of a buyer for a

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drygoods establishment. Before that he worked in the office of a chain-store food company. He is interested in landscape gardening and a few months ago was exposed to dust from some black soil which he used as fertilizer. He had had no skin rash, or ulcers in the mouth, and there have been no domestic animals of any kind in his home during the past four years.

He was well nourished and of a good colour. None of the superficial lymph nodes appeared to be enlarged. Auscultation of the chest disclosed bronchocavernous breath sounds over the upper and anterior portion of the right half of the chest and many râles over the upper portions of both halves of the chest. No abnormalities with respect to the cardiovascular, gastrointestinal, and genito-urinary systems were noted.

A postero-anterior chest film revealed abnormal shadows in both lung fields. In the right lung field these extended from the apex to the level of the second interspace anteriorly and contained a large radiolucent area suggestive of a cavity. The abnormal shadows in the left lung field which occupied much of the area between the apex and the level of the second interspace anteriorly were of varied densities. An antero-posterior tomographic series of films of both halves of the chest, taken at 1 cm. distances, disclosed also evidence of a cavity measuring about 5 cm. in diameter in the anterior portion of the right upper lobe, and, immediately below this cavity, another cavity measuring 2 cm. in diameter. These films also showed two, and possibly four, cavities in the apical portion of the left lung and signs suggestive of bronchiectatic changes in this upper lobe (Fig. 1).

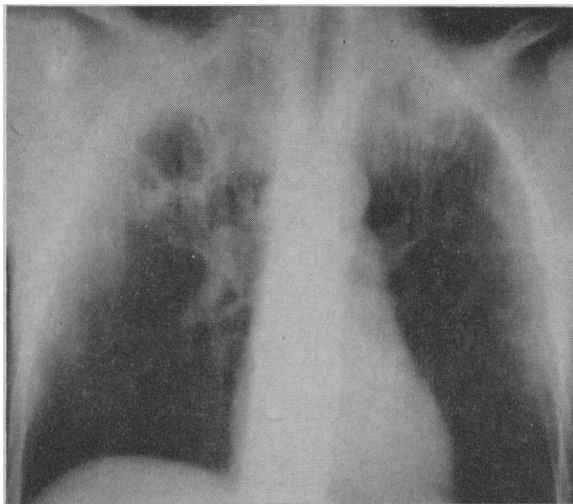


Fig. 1.—A.P. Tomographic view of 12th cm. level. Note large cavities in both upper lung fields.

Bronchoscopic examination showed dilatation of the bronchi of both the right and the left upper lobes. No secretions were found in the bronchial tubes. No evidence of endobronchial disease was noted.

Mantoux tests, in dilutions ranging from 1 in 10,000 to 1 in 10, were negative, but a BCG scarification test gave a doubtful reaction. A histoplasmin test using a dilution of 1 in 1,000 was negative, but a dilution of 1 in 100 gave a positive skin reaction. A complement fixation test kindly performed at the Institut de Microbiologie de l'Université de Montréal was positive.

The patient's two children, aged four and a half and six months, were also given tuberculin and histoplasmin skin tests. They proved to be non-reactors to both of these substances. His wife gave a positive reaction to a histoplasmin test with a 1 in 1,000 dilution.

Laboratory findings.—Sputum and laryngeal swab cultures, taken on five occasions, failed to reveal any evidence of *M. tuberculosis*. On January 11, 1954, sputum which had been raised by the patient while he

was in the laboratory was inoculated on blood agar and Sabouraud glucose agar containing 500 units of penicillin per ml. The blood agar tubes and plates were incubated at 38° C., the Sabouraud glucose agar tubes were kept at room temperature. After 15 days, yellowish-white colonies were noted on the blood agar. A few days later colonies with white, cottony aerial mycelium were found on the Sabouraud glucose agar. These showed branching, septate hyphae with two types of conidiospores: small, smooth, spherical ones borne on conidiophores and large, round or pyriform, tuberculate chlamydospores diagnostic of *Histoplasma capsulatum*.

Another fresh specimen of sputum was inoculated on February 8, and *Histoplasma capsulatum* in its two-growth phases was again isolated.

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Clinical and Laboratory Notes

A NEW DRUG IN POST- ALCOHOLIC TENSION STATES*

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ONE OF THE PROBLEMS commonly seen in the treatment of the post-alcoholic state is that of tension or anxiety. The alcoholic coming out of a binge is physically sick, shaky, tremulous, irritable and plagued by feelings of remorse and disgust with himself. There appears to be a combination of the effects of excessive alcohol—gastritis, avitaminosis, etc.—and a psychological factor including the basic cause for his drinking and his present feeling of failure, his remorse at demonstration of his “weakness”, and his reaction to social disapproval.

While this tension state is present psycho-therapeutic attempts are interfered with and the patient's mental processes are turned from contemplation of his basic problem to preoccupation with his somatic symptomatology. It has therefore become customary to use sedation to alleviate the symptoms and release the mind for more constructive thinking. The choice of the sedative however offers a problem.

For some time I have not felt that barbiturates and paraldehyde, which are commonly used, are the best for the patient, although admittedly they calm him. Both of these drugs give a “kick” similar to alcohol as attested to by the number of alcoholics who combine alcohol and barbiturates in a “bolt and a jolt,” and by the number of alcoholics one sees requesting paraldehyde

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