AN ACCOUNT
OF A CASE OF EXTENSIVE
DISEASE OF THE PANCREAS.

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THE best attention of the physician is never withheld from symptoms of which the seat is in the epigastrium. From this locality the case which I propose to lay before the Society derived its chief interest during life, and here, as a rare disease of the pancreas, it found its explanation after death.

Alexander Tait, æt. 41, a gentleman's servant, acknowledging himself to have been a "free liver," and to have "drunk much," was admitted under my care in St. George's Hospital on October 21st, 1835. His complexion was unhealthy, and his countenance distressed in its expression. He had long suffered from a constant pain in the epigastrium, (described as a "drawing and pulling together of the pit of the stomach,") which was occasionally aggravated by paroxysms into severe agony. It was felt most in the recumbent posture, after taking

food, and when the bowels were constipated. When most severe, it was accompanied by headache, giddiness and sickness. He had vomited blood sixteen months before his admission, and frequently during his illness. The bowels were obstinately costive, the urine was free. He occasionally complained of a "fluttering" in the region of the heart, but there was no irregularity in the pulse, which was low and slow, averaging about sixty-five beats in the minute. He was much distressed by "cold feet," and complained greatly of want of sleep. About a month from the date of the patient's admission, and after a longer interval than usual of comparative freedom from suffering, the pain suddenly returned in the epigastrium with greatly aggravated violence, and, as on former occasions, in the night time.

There was, at the same time, shivering, with the most intense headache and sickness; the eyes were bloodshot, and the pulse became exceedingly rapid. A fit of maniacal delirium was succeeded by complete unconsciousness, with remarkable paleness of visage, and in this state of comatose exhaustion the patient died.

No organic disease had been detected on repeated examination of the epigastric and umbilical regions, and in the absence of any certain grounds for diagnosis, it was conjectured, that the symptoms might depend on a morbid growth projected from the lower surface of the liver, and involving the neighbouring surface of the stomach. During the month that the patient remained under treatment

in the Hospital, no relief was obtained from his sufferings, excepting by the free operation of medicine on his bowels. The sickness and vomiting were not controlled by effervescing draughts, by the liquor potassæ, by hydrocyanic acid in moderate doses, or by any medicines of this class. Opium did not bring sleep or remove pain, and calomel seemed to do good only when it purged.

Post Mortem.—On examining the body on November 20th, fourteen hours after death, a very thick layer of fat was observed over the muscles of the abdomen. There was a close universal adhesion of the pericardium to the heart, which was otherwise healthy, and contained many firm coagula of gelatinous consistence in its cavities: there was no disease of the lung, or of its investing membranes.

The brain was softer than usual, with considerable vascularity of its medullary structure; some clear serous fluid was observed on the outer surface of the arachnoid membrane, but very little had been effused into the ventricles.

The stomach was capacious and healthy, the liver pale, soft and friable; the spleen was more fluid than solid, yielding as a grumous pulp to the slightest pressure. The kidneys were healthy in their structure.

The pancreas was of unusually hard texture, and much contracted in its general dimensions. Its ducts were universally filled with a compact, white, earthy deposit, which, on analysis, was found to

consist of nearly pure carbonate of lime, with a fibrinous nucleus of animal matter.*

In reference to this disease of the pancreas, Dr. Baillie, in his posthumous work, remarks, "Calculi formed in the ducts of the pancreas, constitute a still rarer disease than the inflammation or enlargement of this gland; I have not myself met with any instance of it in the human body, nor do I remember to have heard any physician say that he has seen this disease."

This case seems to establish the vital importance of the pancreas in the animal economy, for its urgency throughout was determined by the symptoms of local suffering and disturbance in the epigastrium, and finally it appeared, on dissection, that in the completion of the organic disease, was the limit of the patient's life. In seeking to account for this fatal termination of disease in an organ hitherto not much considered by nosologists, we cannot fail to remark on the symptoms which the case repeatedly presented, of disturbance in the great business of digestion, and which seem to have been a necessary result of the progressive obstruction in the excretory ducts of the gland. While the current of the pancreatic fluid, in health the constant associate and natural diluent of the bile, was arrested at its source, the contents of the gall-bladder, acrid and uncombined, were continually distilled on the

* The diseased structure in this case remained for some years in the possession of Mr. Samuel Lane, but has of late been mislaid.

food in its passage through the duodenum : here, then, was a spoiling of material in the supply of the circulation, with the interruption of a necessary process of excretion. Thus followed, in the end, a general prejudice of the blood in its composition, and so came death.

The disorder of the pancreas which has been described in this case was mortal in its effect, by the interruption of the excretory function of the gland ; but there was much injury, in advance, to the patient's health, with very serious aggravation of his sufferings, by the local relations of the diseased structure, and by the peculiar character of its organic change. It lay across the aorta, a tumour of unyielding bony hardness ; pressing, in the recumbent posture, directly on this vessel as on some of the larger veins, and on many of the numerous ganglionic nerves, proceeding from the single floating viscera to their common union with the double column of the brain and spinal marrow. To this remarkable position of the diseased structure, much of the constant uneasiness endured by the patient may with reason be attributed. The more severe pain resembled, in its severity, and in the suddenness and irregularity of its accession, that which indicates the presence of gall-stones in the biliary passages, and, like it, depended probably on a forcible distension of the excretory ducts of the gland. In what was observed of structural alteration in other parts of the body, there was much to spoil, but not enough to destroy life. The occasional " fluttering"

in the lower part of the chest received its explanation in the long-established adhesion of the pericardium. In our ignorance of the peculiar function of the spleen, the coincidence of its different softness of structure with the earthy induration of the pancreas may not be unworthy of remark, especially as the splenic artery and veins must have been compressed in the greater part of their course by the tubular deposits in the gland. Of the extent of the constitutional disorder induced in this case by disease of an excretory gland, the "head symptoms" afford the most decided evidence. Every paroxysm of pain in the epigastrium was accompanied by headache, with giddiness, and other symptoms of disturbed circulation in the brain, amounting as we have seen, in the last fatal attack, to inflammatory congestion of its entire structure. In this respect, the case, as one of disease of the pancreas, indicates for itself an important analogy with those in which cerebral symptoms are developed in sequel of renal and hepatic disease.