This point of view of course is not new, but it seems probable that more might be done, both prophylactically and therapeutically, if closer attention were paid to the normal mechanisms of body protection.

REFERENCES.

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LOEWI'S ADRENALIN MYDRIASIS AS A SIGN OF PANCREATIC INSUFFICIENCY.

BY

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SERVICE in the army has hitherto prevented me from publishing these notes, which were made in 1914. The cases, which were under the care of Dr. Murray in the Manchester Royal Infirmary, were, clinically, almost identical.

CASE I.

A man, aged 63, was admitted on October 26th, 1914, complaining of jaundice and intense pruritus all over the body. He stated that he had had dyspepsia for several years, had been a heavy beer and whisky drinker, and was very constipated. He first noticed jaundice and pruritus five weeks previous to admission, and for some months his stools had been gradually becoming lighter in colour. He had had no pain whatever over the liver or gall bladder.

Condition on Examination.

The skin, mucous membranes, and sclerotics were all extremely yellow. Emaciation was not marked until later, but the patient said that he had become weaker. The abdomen was distended and there was some ascites. No peristalsis was visible and no distended superficial veins were seen. The right lower border of the liver could be felt $3\frac{1}{2}$ in. below the costal margin. The gall bladder was distended, tense, and tender; it extended down to the level of the umbilicus. The patient vomited once or twice soon after admission. The stools were soft, unformed, almost pure white in colour. The urine showed bile present, no albumin, no sugar, reaction neutral, specific gravity 1008.

After-History.

On November 2nd, 1914, two drops of adrenalin chloride solution (1 in 1,000) were dropped into one eye. After one hour there was no reaction, the pupils remaining exactly equal. The reaction was again negative on November 6th and on November 9th. The patient had free haemorrhage from the bowels and died on November 10th.

Post-mortem Examination.

The jaundice was found to be due to carcinoma of the bile ducts with secondary growths in the liver. Suppurative cholangitis was also present. The gall bladder was greatly distended with serous fluid, but it contained no gall stones. The pancreas was nowhere invaded by the new growth, nor were there any secondary deposits in it, the gland itself being quite healthy.

CASE II.

A man, aged 42, was readmitted to the infirmary about October 1st, 1914, complaining of jaundice. He had had "dyspepsia" during September and October, 1913, and influenza during the early part of that year. At Easter, 1914, he first noticed jaundice, accompanied by severe pruritus. His stools had been clay-coloured for some time. He was admitted on May 26th, 1914, refused operation, and was discharged June 23rd, 1914, "condition unchanged."

Condition on Examination.

The skin, mucous membranes, and sclerotics were very deeply pigmented with bile; he was worn and emaciated, the pruritus was much less than formerly, but there was great tenderness over the gall bladder and attacks of pain round the region of the umbilicus. The gall bladder was distended, and could be felt 3 to 4 inches below the right costal margin. The liver was not enlarged. There was a history of several attacks of epistaxis. No ascites was present, and no distended superficial veins were visible.

After-History.

On October 10th, 1914, two drops of adrenalin chloride solution (1 in 1,000) were dropped into one eye. After one hour there was marked dilatation of the pupil of that eye. On October 28th, and also on November 1st, the test was repeated, with marked positive reaction (dilatation of pupil) on each occasion.

A few days before his death exaggerated peristalsis of the walls of the stomach became visible through the abdominal wall. At the same time, owing to the progressive emaciation, a hard mass became palpable in the region of the head of the pancreas. The stools were clay-coloured; the urine

mahogany-coloured, neutral, specific gravity 1009; bile was present, but no albumin nor sugar. X-ray examination on June 16th, 1914, and also later, had shown no gall stones nor other evidence of disease of the gall bladder. The patient began to vomit everything he took by mouth, became very depressed and stuporous, and died on November 4th.

Post-mortem Examination.

There was found to be malignant disease of the head of the pancreas, which invaded the duodenum and common bile duct. There were metastases in the liver, and obstruction and dilatation of the common bile duct and bile passages. The growth in the pancreas caused stenosis of the duodenum, with secondary dilatation and hypertrophy of the stomach and upper part of the duodenum.

It will be noted that in Case I, in which the pancreas was completely free from disease and quite efficient, Loewi's reaction was completely negative on three separate occasions, whereas in Case II, in which the pancreas was almost completely disorganized, the reaction was markedly positive, also on three separate occasions.

VAGASTHENIA.

BY

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ALL medical practitioners who, as officers or civilians, have been occupied with troops during the war, and those who are still engaged in treating returned soldiers or as members of Pensions Medical Boards, have been, and still are, constantly confronted with the letters D.A.H. My observation leads me to believe that the ideas held as to the meaning of these letters are not very distinct or informative. Broadly and literally, they indicate a condition of increased frequency, slowing or irregularity of the heart beat, or a combination of any two of these. Since these alterations of rhythm occur in many pathological and physiological states, which may depend on disordered function arising outside the heart itself or in the intrinsic structure of that organ, it seems to me that it is desirable to find a phraseology which will not only be less cumbersome but which will bear also some relation to the particular condition that is met with. It is a reflection on the medical profession that its members should so readily follow the Army fashion—neither dignified nor scientific—of labelling things by initial letters. The letters P.U.O., however useful a purpose they may have served until the discovery of a definite disease, which we now know as trench fever, are gradually falling into disuse, and I suggest that their brothers, D.A.H. and V.D.H., should accompany them into the war museum, not again to emerge.

Clinical Characters.

Although the term "D.A.H." may be applied to any of the conditions enumerated above, it is used in the vast majority of cases to signify a symptom group which has been described for many years past as irritable heart or soldier's heart, and it would have been as well to retain these names until we could decide upon a more scientific one. Notwithstanding the divergent views as to the cause of this malady, it has come to be recognized as a definite clinical entity, presenting a well defined and easily determined syndrome, marked by increased frequency of the heart's action, early exhaustion, shortness of breath, dizziness, and frequently precordial pain; less often there is precordial hyperaesthesia. These symptoms are common to all cases of myocardial exhaustion, and it is necessary that we should be able to exclude all forms of structural heart disease before arriving at a definite diagnosis. Murmurs may be and often are present to increase the difficulty of deciding. What are the points, then, which will help us? First and foremost, in my opinion, is the absence of cardiac enlargement; secondly, the rhythm, although much increased in rate, is always regular; the inception of a new rhythm, such as auricular flutter, auricular fibrillation, or extra systoles, never occurs. Murmurs are always systolic in time and soft in character, and are variable—that is to say, they are not always present and alter with the position of the patient, sometimes being audible when he is standing, at others when