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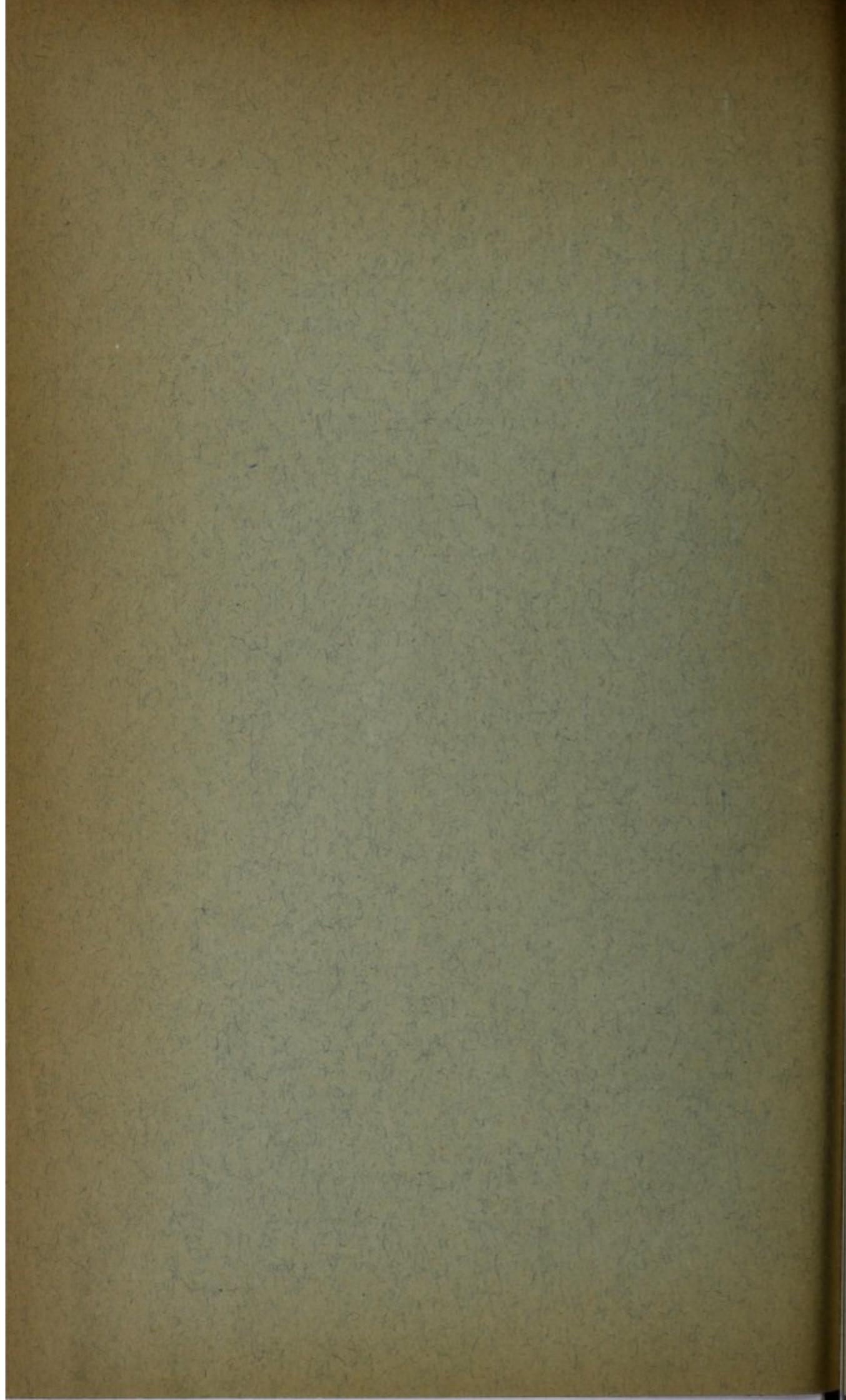
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(SO-CALLED).

EPIDEMIC PANCREATITIS?

ERNEST FREDERICK GARDNER,

L.R.C.P.LOND., M.R.C.S.ENG.



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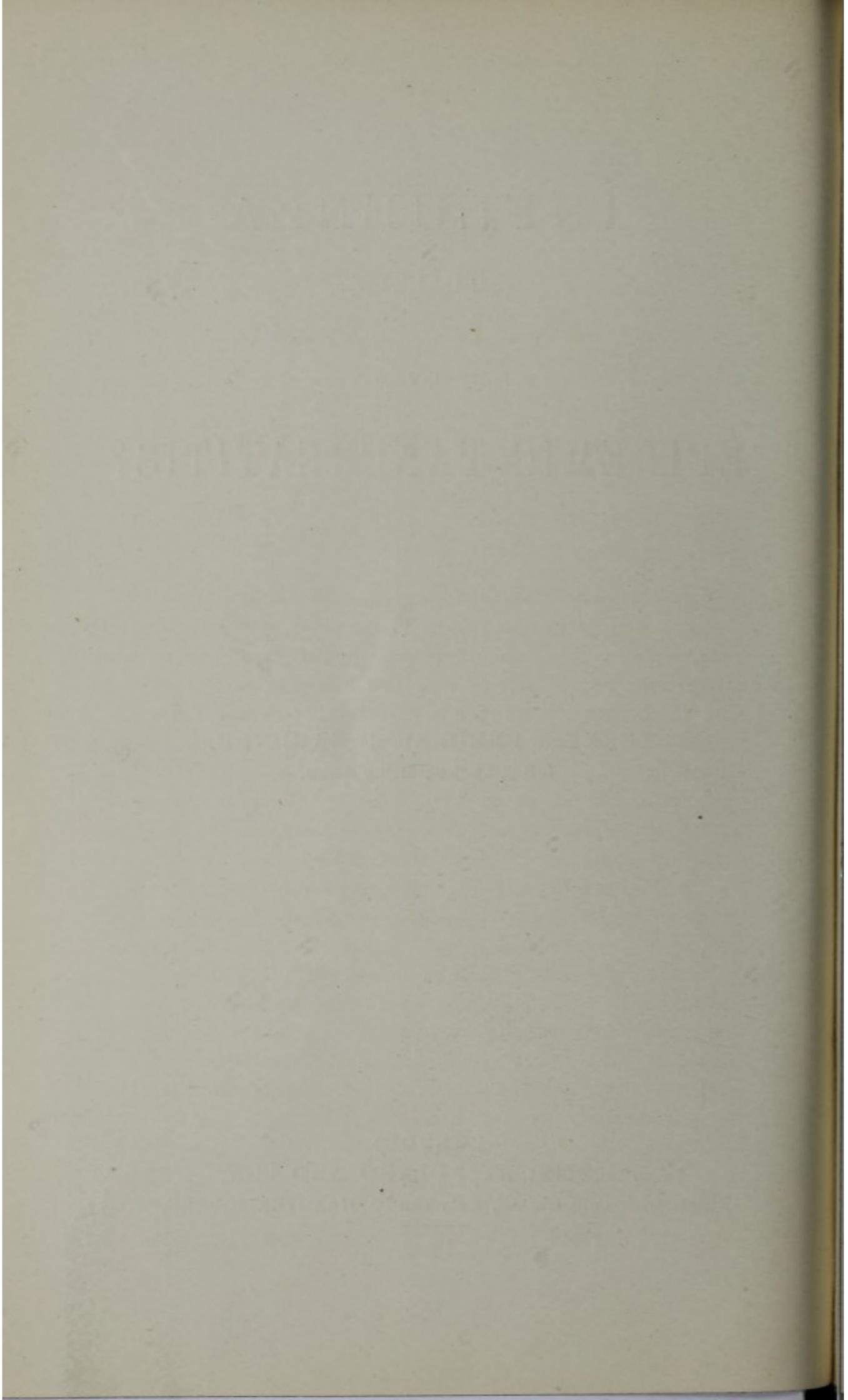
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INFLUENZA

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EPIDEMIC PANCREATITIS?

FROM close observation of many cases that have come under my care during the last two or three years, I am of opinion that we have an epidemic prevailing, affecting an organ concerning which far too little has hitherto been written, and this I have ventured to name "Epidemic Pancreatitis." It attacks subjects of all ages, from the baby only a few months old to those far advanced in years, and position in life seems to have little or no influence upon it. Females, particularly those of constipated habits, are certainly more susceptible than males, and those who have once been attacked by this disease are undoubtedly predisposed to a recurrence of it. At the same time it appears to be largely dependent upon climatic disturbance.

Symptoms.—The attack is occasionally preceded by a feeling of lassitude or languor for a day or two, and a disinclination to make even slight exertion, but more frequently the onset is sudden, and characterised by a sense of shuddering down the back, sometimes amounting to a rigor, pyrexia, headache, sickness, pain in the abdomen or back, and distressing giddiness. In children the disease is often ushered in by convulsions.

The temperature ranges usually from 100° F. to 104° F., the height seemingly being dependent upon the severity

of the attack, although I have found the thermometer to register a subnormal temperature.

The pulse is rapid, feeble, and often dicrotic, and always markedly compressible.

The respiration is quickened, and frequently shallow and sighing.

The appearance and feelings of the patient are those of severe illness. The complexion is sallow, with a circumscribed flush upon one or both cheeks, giving way to the most death-like pallor. The lips are dry, cracked, and bloodless. The tongue is large, flabby, and coated with a moist white or buffy fur, except at the tip and edges, where it may be red and indented by the teeth. At times it is parched and brown, more particularly in the centre. Occasionally there is slight sore throat.

The skin of the head and trunk is hot, dry, and harsh, subsequently being followed by a sour-smelling sweat, whilst the extremities are cold to the feelings of the patient and chilly to the touch. This chilliness is often replaced by heat. Many varieties of skin eruption may be present. Palpitation of the heart is a common symptom.

The headache varies as to character and position. Generally it is described as if a constricting band were tightly tied around the forehead, by some as darting and shooting pains through the temples, by others as a sensation of great weight or pressure on the top of the head, whilst in many there is pain in the back of the neck, darting to the head.

Sickness is usually present but not invariably so. The retching and vomiting may be among the more urgent symptoms and most troublesome to treat, and these are often associated with nausea and flatulence. The vomit is usually yellowish or greenish in colour. Retching is in many instances followed by a considerable discharge of flatus, and when such occurs the headache is greatly relieved.

There is frequently a troublesome cough, coming on in violent paroxysms and terminating in retching and pros-

tration, but on examining the chest there is an absence of physical signs to account for it.

The abdomen is usually full, particularly in the epigastric region, and uniformly resonant. There may be pain of a constricting, burning or gnawing character referred to the upper half of the abdomen. In many the most pain is situated in the back, this being increased by pressure on the upper part of the abdomen.

There is enlargement of neither liver nor spleen. The attack is often ushered in by diarrhœa, but constipation is more commonly present. The state of the bowels, however, varies considerably, the one giving way to the other. The stools are usually greenish or greenish-black, slimy, and particularly offensive. I have in no cases been able to detect the presence of fat. The stools are in no way characteristic of those of enterica, for which it may sometimes be probably mistaken.

Giddiness is a constant symptom, and certainly one of the most distressing. This occurs on the slightest movement of the patient. It is most persistent, and remains after convalescence seems otherwise fairly established. There is great thirst. Epistaxis is occasionally present and usually profuse, coming on at the height of the attack. The urine is little in quantity, high in colour, and loaded with lithates, but strange to say, within an hour or two the patient may pass large quantities of pale limpid urine, and this may be followed again, within a short period of time, by very scanty and concentrated urine. Hæmaturia has occurred in two cases. There is neither albumen nor sugar. The nervous symptoms are many. There is restlessness and inability to sleep. Sleep is disturbed by dreams, often of a distressing character, causing the patient to moan or start, as though some serious calamity were pending. Some feel drowsy, but are unable to close their eyes, for, the moment they do so, they have the sensation as though they were falling, whilst others are unable to lose themselves in sleep; in such, vision is often disturbed by imaginary creatures such as insects,

reptiles, &c. Many will tell you that when the headache has entirely left them there still remains an indescribable feeling which is not pain, but a sensation as though they were going out of their minds. Such patients are afraid to be alone.

Other nervous phenomena are often present, such as tinnitus aurium, loss of smell and taste, tingling and numbness of the extremities, and loss of muscular power, sometimes attacking one side only, sometimes both. There is always great depression.

Menstruation is much disturbed and often profuse. It frequently reappears when a patient is taken ill, although she may have menstruated only a week before, and have been previously quite regular. Girls seem liable to be attacked at the menstrual period, which may in consequence be associated with the various phases of hysteria. On the other hand, there seems to be no prejudicial influence exerted on the gravid uterus, pregnancy continuing without interruption to the full term. Labour in those actually suffering from the complaint appears to be unattended by any unfavourable complications.

Complications and sequelæ.—Pneumonia, pleurisy, and bronchitis are among the commonest complications of this complaint. Pleurisy often intervenes insidiously, and is accompanied by little pain, and may, as in two or three cases under my care, lead to rapid effusion of fluid. One should always be prepared for such a result, because if the fluid is not removed early it tends to become rapidly purulent and stinking.

Congestion and pulmonary œdema are likely to be present in bad cases.

Phlebitis involving the veins of the calves has occurred in two cases under treatment. In the first case, though absolute rest was enjoined, there was rapid extension to the left femoral vein, and although the patient seemed otherwise to be improving, in a few days she was seized with great pain in the right leg, which rapidly swelled, and in two days from this date she died suddenly from syncope.

I noticed also that the slightest pressure made over the seat of tenderness in the abdomen in these two cases produced marked increase of the pain in the calves, which I think might be due to direct pressure of the enlarged pancreas upon the inferior vena cava.

Periostitis is an occasional complication, and one much to be feared, as it is most acute and gives rise to rapid denudation of bone. Therefore any complaint of pain in the extremities or elsewhere should be immediately investigated. Hepatic derangement commonly occurs, rarely affecting the whole organ, more frequently the left lobe only. Peritonitis I believe to be generally present locally, though it may become general. Acute rheumatism may occur. Otitis media is an occasional and dangerous complication.

Chronic induration of the pancreas may ensue.

Anæmia and constipation, especially in young children, are troublesome sequelæ.

The *prognosis* is favourable, convalescence taking place in uncomplicated cases from three to five days, but any complication occurring in a disease producing so much prostration must of necessity increase the gravity, in which case the prognosis should be extremely guarded.

Diagnosis.—The most likely diseases to be confounded with the above are typhoid fever, meningitis, acute tuberculosis, and gastritis. From typhoid it may be distinguished by the absence of the characteristic eruption, stools, and temperature, and by the situation of the pain and tenderness. The tongue also differs in the two diseases.

From meningitis by the presence of abdominal pain and tenderness with tumidity rather than retraction of the abdomen, and there is no optic neuritis.

From acute tuberculosis by the situation of the pain and tenderness, with early convalescence in most cases.

From gastritis by the seat of tenderness and pain and total absence of gastric symptoms.

Treatment.—Patients so affected should be kept absolutely at rest in bed, and no movement allowed whatever. Hot-water bottles should be applied to the feet, and superficial circulation should be encouraged by warmth. The temperature of the room should be kept at about 60° F. As the atmosphere of the room is likely to become contaminated by the evacuations, it is very necessary that disinfectants should be freely used, and all nourishment should be kept outside rather than in the sick room. The diet should be light and nutritious, such as milk, beef tea, meat jelly and the like, with the addition of pepsin and pancreatin, and should be taken in small quantities and frequently repeated. Thirst should be alleviated by ice and barley water, and a little lemon juice or champagne is often grateful. Alkalies and their carbonates, such as soda, potash, and magnesia, should be freely administered. Sickness should be combated by ice, lime water, soda water, and by the internal administration of hydrocyanic acid, bismuth, &c. Pyrexia must be checked by antipyretics such as salapyrin, salicylate of soda, &c. When there is insomnia bromides and opiates are useful. Pain should be alleviated by the local application of mustard or linseed poultices, and hot flannels, and by the internal use of opium, in children in the form of Dover's powder. Diarrhœa, if excessive, should be checked by chalk, opium, bismuth, and vegetable astringents, and if flatulence be a distressing symptom the internal use of glycerine of carbolic acid, and creosote is most valuable. Constipation must be met by either the use of enemata or the administration of aperients. In a few words the treatment should be directed to the relief of pressure, either solid or gaseous upon the inflamed part, and to give nourishment in such a form as may be easily digested by the stomach, and with little or no waste products to pass on into the duodenum. Stimulants should be given when there is faintness, lung complication, or threatened heart failure, and are best administered in the form of brandy, car-

bonate of ammonia, and sulphuric ether. Biliary stimulants I believe to be of great use, causing an increased flow of bile along the common duct, and so relieving the pancreas indirectly. Complications must be treated as they arise. During convalescence the exhibition of iron salts and arsenic is imperative, as also the most careful attention to diet and regularity of the bowels.

Remarks.—It now remains for me to endeavour to explain some of the more prominent symptoms of this complaint.

I think that all those who have had cases of so-called influenza under their care will admit, what a striking resemblance exists between certain symptoms of this complaint, and that disease of the supra-renal bodies, described by the late Dr. Addison, and which bears the name of Addison's disease. We have in common to the two diseases, the yellowish, dirty, earthy or metallic discoloration of the skin, great prostration, giddiness, sickness, palpitation, depression, and rapid, compressible, and feeble pulse. Such being the case, I think we may fairly take it for granted that such symptoms are dependent upon a like cause. The pancreas, resting as it does upon the left supra-renal capsule, would, if inflamed and enlarged, give rise to direct pressure upon, extension of inflammation to, or implication of the nerves going to this body, and so we may here find an explanation for the peculiar pigmentation of the skin, which forms so marked a feature in influenza. The pancreas, moreover, is in such close relation to the ganglia and nerves forming the solar and renal plexuses, that any interference with these, either from extension of inflammation or implication, might readily account for those various sympathetic disturbances noticeable in this disease, such as giddiness, palpitation, alternate chilling and flushing, and those peculiar phenomena referable to the bowels and kidneys which I have related, namely, the tendency there is to occasional attacks of diarrhœa, and to the passage of large quantities of pale limpid urine from time to time,

even at the height of the attack, which occurrence I believe due to sympathetic disturbance, causing a temporary dilatation of the mesenteric and renal vessels, and so producing an increase of secretion.

The anæmia, prostration, and nervous symptoms can, I think, be best explained by the rapid disintegration of the red corpuscles of the blood, due to the entrance into the circulation of certain toxic agents, and these becoming imperfectly oxidised pass to and are deposited in the various tissues throughout the body. When circulating through the brain, they give rise to the headache and the dreams complained of, leaving a feeling of light-headedness after all headache has gone; when to the body, pains in the limbs followed by great prostration. In their endeavour to escape by way of the skin they cause irritation of the glands of that structure, and reveal their presence by the appearance of various kinds of eruption.

There is in this disease, I think, an arrest of proper nutrition to the walls of the vessels, and this, aided by the alteration in pressure within the vessels, causes rupture of the smaller tubes or capillaries, and hence the bleeding that occasionally occurs from certain mucous surfaces.

The source of these pernicious products I believe to be caused by the putrefaction, with generation of gas, of the contents of the bowels due to the arrest of pancreatic secretion, and so allowing the bile to become acted upon, and its properties destroyed, from want of sufficient alkalinity, by the acid contents of the intestine; for it is often remarkable what a drop in the temperature and relief to the symptoms attends the evacuation of the bowels by the administration of aperients, and this is partly why I think biliary stimulants of such value in these cases, increasing as they do the amount of bile secreted, thus tending to check decomposition, at the same time hurrying onwards the contents of the bowel before destructive change is allowed to take place; for as

soon as the stools resume their healthy colour the more anxious symptoms at once abate, and convalescence becomes established. Assuming this to be a true explanation of the disease, we at once see the necessity for the administration of alkalies and disinfectants, both of which have been of great value in the hands of other practitioners.

The sickness is in some cases probably due to direct pressure upon the duodenum by the swollen pancreas, and consequent impediment to the onward movement of its contents. That there is such obstruction seems borne out by the fact, that on examination of the abdomen a high pitched bubbling or creaking sound is produced by manipulation in the epigastric region, and on auscultating over the lower intercostal spaces a constant metallic bubbling or creaking may be usually heard, as though gas was passing with difficulty by some obstruction. The rest of the abdomen seems comparatively free from such sounds. In some cases the vomiting I believe due to reflex transmission through the vagus, from irritation of its pancreatic branches. The paroxysmal cough often present is probably due to irritation of the terminal branches of the phrenic nerves, for this may often be excited by making slight pressure in the epigastric region.

I have purposely left the abdominal and back pain till now, for upon them depend the diagnosis of this malady, and it was from this symptom, and the association of those symptoms that could not be explained by accepting the liver as the source of the evil, that caused me to direct my attention to the pancreas. One of the first symptoms of those attacked by influenza is acute pain in the epigastrium or back, with a keen sense of constriction around the waist, which I think particularly characteristic of acute inflammation of some important viscus situated in this neighbourhood.

On making an examination of the abdomen in such a case there will be found rigidity of the recti with tender-

ness of varying intensity, the slightest pressure in many producing great pain, whilst in others there is resistance and pain obtainable on deeper pressure.

Now the situation and localisation of this tenderness is of much significance, starting as it does from a point two to two and a half inches above and to the right of the umbilicus, and travelling transversely across the abdomen to the extreme left of the left hypochondrium, passing in part under the shelter of the costal margin. There is likewise some pain on pressure over and around the umbilicus. To the right of this point the tenderness disappears, thus showing that the inflamed area is limited in extent. The epigastric angle is free from tenderness, except in those cases where there is much sickness, and then it is probably due to the retching. The examination of the back reveals dulness and tenderness of that portion corresponding to the situation of the pancreas, with muscular rigidity, the latter in many cases being so marked as to lead to the suspicion that we have a case of spinal meningitis.

In conclusion I would add, that owing to the many difficulties in private practice, from popular prejudices to the making of examinations after death, I have as yet been prevented from being able to furnish the post-mortem appearances and histological characters of the pancreas in those dying from this disease. But I feel that I can fully rely upon those, who have the opportunities, to publish the results of their investigations. May not those who are interested in the bacillary theory of disease find greater success attending their efforts, were they but to examine the pancreas in these cases.

I append the reports of two cases illustrating what I believe to be chronic enlargement of the pancreas dating from previous attacks of so-called influenza.

CASE.—G. W—, æt. 24, occupation milliner. Complains of pains in the back and left side extending to the left shoulder.

Family history.—Father died of heart disease and one sister died in infancy. Mother, three brothers, and one sister alive and healthy. No history of phthisis.

Past history.—Measles and scarlatina when young, but has since enjoyed excellent health. No history of syphilis.

History of present illness.—On returning to her home one evening twelve months ago she, although feeling in the best of health, was suddenly seized with a sense of shuddering down her back, and violent pains in her abdomen, back, head, and limbs, and became very giddy. She was then treated for influenza. This necessitated her keeping in bed for a week, when she was allowed to get up and resume her duties. She, however, complained of much weakness, tendency to faint, and occasional attacks of despondency and depression. She has also been troubled with a feeling of fulness in the epigastrium, at times amounting to pain, preventing her from wearing anything tied tightly around the waist, loss of appetite, nausea and flatulence, alternating flushes and chills, palpitation, shortness of breath, headache, and constipation. The bowels never have acted since the first attack without the aid of strong aperients. The stools have been black and slimy. She has had no difficulty with micturition, but much more urine is voided at certain times than at others. She has been troubled with paroxysmal cough, referred to the pit of the chest, and has had a dragging weighty feeling in the back. Always great thirst. Menstruation has been more frequent, and the loss considerable. Has never noticed any abdominal swelling. Has lost flesh.

Present condition.—Complexion is sallow, with flushed cheeks. Features pinched. Breathing hurried and sighing. Pulse rapid, 118 per minute, and compressible. Does not dream much. She has frequent attacks of giddiness, and feels very weak. Severe frontal headache, as of a band encircling forehead. Bowels constipated. Motions dark. Tongue dry and furred. Urine: First specimen, sp. gr. 1024, little in quantity, acid, and loaded

with lithates ; second specimen, one hour after first, acid, sp. gr. 1022, pale, limpid, and perfectly natural.

On examination the abdomen is full, especially in its upper half. There is a constant bubbling going on in this region. There is great tenderness, more particularly in the left hypochondrium. There is a large, hard, nodular mass, starting to the right of the umbilicus, with a resonant zone between it and the liver, which is not enlarged, and extending transversely across the abdomen to the extreme left of the left hypochondrium. The right margin is spherical, with shelving margins, and can be readily grasped by the palm of the hand. The bubbling sounds are much increased by manipulation. From the right to the left side it gradually becomes narrower from above downwards, and is partly concealed by the ribs. The whole mass is fixed, and there is no evidence of the presence of fluid. The back is dull over an area corresponding to the situation of the tumour in front. I cannot feel the spleen.

CASE 2.—M. J. G—, æt. 37, lodging-house keeper, married, no children. Complains of pain in the back, occasional headache, sickness, and giddiness.

Family history.—Father died of cancer. Mother living and healthy. One brother and six sisters alive and well. Two brothers died of consumption.

Past history.—Had measles and whooping-cough when young, otherwise enjoyed good health. No syphilitic history.

History of present illness.—She felt perfectly well up to three years ago, when she was suddenly seized with a sense of shuddering down the back, intense pain in the back, in the situation of the waist, vomiting, diarrhœa, pains in the head and limbs. She was kept in bed under treatment, when she sufficiently recovered to resume her household duties, but felt very weak, and became very giddy on moving about. From this date she has been complaining of anorexia, flushing and chillings, nausea

and flatulence, with a sense of fulness in the epigastric region, necessitating everything being slackened around her waist. She tells me she has never felt well since this attack, and any slight exposure to a cool air or over-fatigue produces a return of the former symptoms. She, however, has to repeatedly rest up during the day from the great feeling of fatigue.

Present condition.—Complexion yellowish. Cheeks flushed, giving way to pallor. Her extremities are sometimes hot, sometimes cold. She has not lost flesh, but her face appears pinched. The bowels are particularly constipated, although up to three years ago she had no difficulty whatever. Now they are never moved without the aid of aperients or enemata. The stools are solid, almost black, offensive, and very slimy. Her breath is short, and she has attacks of palpitation. Her pulse is moderately quick and compressible. She is very thirsty. Complains of much dragging pain in the back when up and about. On examination of the abdomen I find it uniformly large and tender to the touch. A large, hard, nodular mass, firm and elastic, extending from a point well over to the right of the abdomen, and occupying nearly the whole of that cavity. It is separated from the liver by a resonant area. There is no thrill suggestive of fluid. The right extremity is much more readily defined than the left. There is constant bubbling and squeaking over tumour. There is dulness over the back corresponding in area to that observed in the abdomen. The urine is healthy. This abdominal enlargement has considerably increased during the last few months, for when I saw it at that time, in size, position, and shape, it very much resembled that of the former case.

The following case, that of a boy aged ten years, is one of considerable interest. His symptoms were high temperature, pains in the abdomen, back, head, and limbs. Sickness. Hot, dry, and discoloured skin. Furred tongue. Diarrhœa. The abdomen was full and

acutely tender in the epigastric and left hypochondriac regions.

In spite of alkalies and antipyretics the temperature kept up to 105.4° F. As the stools were yellow and gave an alkaline reaction I immediately discontinued the above and prescribed sulphuric acid, with the result that within a few hours the temperature dropped to normal, his tongue cleaned, and he made a rapid recovery.

This case I explain as one of acute pancreatitis with excessive secretion.