

# TALIAFERRO (V.)

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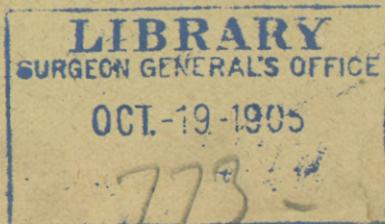
CANCER OF THE PANCREAS, WITH REPORT  
OF CASE—AUTOPSY.

BY  
VALENTINE TALIAFERRO, M. D.  
ATLANTA.

Read before the Georgia Medical Association.

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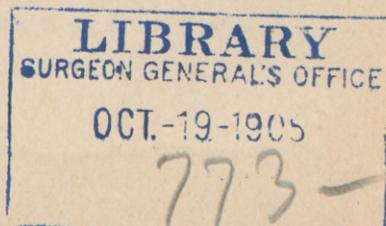
## CANCER OF THE PANCREAS, WITH REPORT OF CASE—AUTOPSY.\*

BY VALENTINE TALIAFERRO, M. D., ATLANTA.

In the spring of 1894 I went to a neighboring city to see a lady, the wife of a physician, who was supposed to be suffering from cancer of the stomach, this diagnosis having been made by several prominent physicians. From the history given me by the patient, and the physical signs which were obtainable, I readily arrived at the same conclusion, and diagnosed cancer of the pylorus, with dilatation of the stomach. For many years previous to the time of my visit she had suffered from gastric and intestinal troubles, which had been gradually growing worse, until a few months before I saw her, when she had begun to rapidly fail.

After a careful examination, I made the following notes: Inanition, emaciation, and characteristic symptoms of internal malignant disease; great pain after the ingestion of solid or liquid food, with occasional vomiting of large quantities of undigested food and mucus; a spot of pain in the back just to the left of the vertebral column and under the scapula; constriction of the pylorus, with dilatation of the stomach; obstinate constipation, alternating with diarrhea. No melaena in the stools; a small, hard, freely movable tumor in the pyloric zone, through which gas-gurgling occurs upon manipulation;

\* Read before the Georgia Medical Association.



forceful pulsations of the aorta communicated to the tumor, with probable dissemination to lungs and liver.

So rapidly was this patient starving, and so great was her suffering, that I advised operation, with a view of resecting the pylorus, if practicable, or at least doing a gastro-duodenostomy, to enable the stomach to empty into the intestine. This, however, was rejected, so a soft rubber siphon was ordered for daily lavage of the stomach, which, for a time, gave great relief. She died a few months after I saw her. With the assistance of Drs. Wright and Evans, of Covington, I made a *post mortem*, and to my surprise I found a primary cancer of the head of the pancreas, which had greatly infiltrated the surrounding tissues, had extended to the duodenum, completely surrounding the gut close to the pylorus, causing great constriction at this point, producing the misleading symptoms which were prominent in this case. In endeavoring to arrive at a positive diagnosis I had given careful consideration to the conditions with which cancer of the stomach could be easily confounded. But with a tumor so superficial in the region of the pylorus, with dilatation of the stomach and evident constriction of its outlet, pronounced pain, and other minor symptoms of cancer of pylorus, I thought I could safely dignose cancer of the pylorus. Early evidences of disease of the pancreas are so similar to those of surrounding structures that we are confronted with serious difficulties when we would differentiate.

I briefly report this case because lesions of the pancreas are rare, symptoms of disease obscure, and diagnosis difficult or impossible; also with the view of directing attention to the study of solid tumors of this viscus. The paucity of literature on this subject is evidence of the fact that little is definitely known concerning malignant growths of the pancreas; hence all authenticated cases should prove of interest. Solid tumors of the pancreas, though rare, occur more frequently than is generally supposed. In 11,472 *post mortems*, by Segre, and reported by Ostler, there were 132 tumors of the pancreas. Of

these 127 were carcinomata, 2 sarcomata, 1 syphiloma, and 1 cyst. Thus we see that, with rare exceptions, solid tumors of this organ are carcinomatous. In cases of doubtful diagnosis, where a tumor is present in the pyloric zone, cancer of the pancreas should be borne in mind. Small tumors of the pancreas are very difficult to palpate, owing to their deep situation, but in emaciated individuals the normal pancreas can often be palpated; also the pylorus, but neither of these are likely to be taken for new growths.

Those of you who are prepared to make accurate chemical and microscopical examinations find less difficulty usually in arriving at correct conclusions and distinguishing between cancer of the stomach and surrounding organs. But there are some points I would mention which are characteristic, discernible to the naked eye, and will aid in discriminating between these conditions. In all lesions of the pancreas which are sufficiently advanced to interfere with its normal physiological functions intestinal digestion is so seriously affected that rapid emaciation occurs. The absence of the pancreatic ferments leaves totally undigested all fatty substances, which appear in the stools. Stearrhea, though not always present, is a valuable sign. Glycosuria also is present in a majority of cases. Pain and discomfort will be found to be an early symptom. It is caused by compression of the celiac axis, is neuralgic in character, and when the stomach is not involved is unaffected by the ingestion of food.

When the neoplasms attain sufficient development for physical detection they will be found deep-seated and with little mobility. Pulsations of the abdominal aorta are communicated to the tumor with distinctness, owing to its proximity to that vessel. The ductus communis choledochus is pressed upon when the neoplasm is in the head of the pancreas and of sufficient size, and early gives us one of the most constant symptoms—obstructive jaundice. Extension of the disease to adjacent organs masks the real symptoms by causing those of other maladies.

It is important that we learn to recognize this disease in its incipiency, that we may take radical measures for its cure. In the advancing state of abdominal surgery there is no reason why these malignant tumors, which prove so rapidly fatal, cannot be dealt with with the same success and confidence that similar tumors of internal organs are approached. But it is not now my intention to go into the treatment of these lesions.

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