

# Autopsy Tracing Of the Pancreatic Duct Using Cancer Cells In 1876

Wilson IB Onuigbo\*

Department of Pathology, Medical Foundation and Clinic, 8 Nsukka Lane, Enugu 400001, Nigeria

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\*Corresponding author: Wilson IB Onuigbo, Department of Pathology, Medical Foundation and Clinic, 8 Nsukka Lane, Enugu 400001, Nigeria, E-mail: wilson.onuigbo@gmail.com

## Abstract

Pains were taken during the recent research on the pancreatic duct system. Now, it has been advised that such a research should be carried out after understanding its historical antecedents. Therefore, this paper looks into an account dating back to 1876 and dealing with cancer affecting the pancreatic duct system. It is deemed to be worthy of documentation.

**Key words:** Pancreas Duct; Cancer History

## Introduction

A detailed account of the pancreatic duct system was given recently by a Japanese group [1]. It addressed the “usefulness of intraductal ultrasonography for its evaluation.” Now, an important advice was given by Burnet [2] with regard to the need to be aware of the historical antecedents of a subject being researched on. Moreover, on the pathological plane, the London Society Members began to publish their *Transactions* during the 1846-48 periods [3]. Hence, having found these *Transactions* useful in pancreatic research [4], let me consider what was appreciated in their pages as regards the pancreatic duct system in 1876 [5].

## Historical abridgements

Sussanah K -, aged 78, was admitted into St. Bartholomew's Hospital, under the care of Dr. Brunton, on August 10th, 1875. She continued to vomit, and no relief to this symptom could be secured. She died on October 28th at nine in the morning.

A large lymphatic gland, similar in appearance to those in the porta, is attached to the under surface of the pancreas, but does not enter its substance. The pancreatic duct where it makes the turn round the head of the pancreas is for about an inch filled by a long polypoid body, very soft, which is adherent only at the end near the head of the pancreas. The body of the pancreas seems natural. The head is enlarged, and the cut surface shows many yellow cheesy spots, from mustard to hemp seed in size. The head is rather softer than the body.

A scraping from the head of the pancreas taken from a place close to the root of the polypus examined: an immense number of compound granulation corpuscles were seen, and a large number of cells closely resembling those from the polypoid bodies in the portal vein. A creamy fluid exuding from the root of the polypus showed the same appearances.

The polypus in the pancreatic duct showed appearances of the same kind, only the walls of the alveoli were thicker and more fibrous, and the spaces between them narrower. The cells, too, seemed more tightly packed and more abundant, for they only slightly exceeded in size the nuclei, which appeared in many places, when the section was thick enough, to touch each other. The nuclei were large and stained deeply with carmine. In the head of the pancreas the meshes were much narrower, and the walls of the alveoli very thick and fibrous. The cells show the same characters as above.

For the same reason it likewise seems possible that the polypus in the pancreatic duct may not be a very rare appearance, seeing how unusual it is to look through the pancreatic duct in its length.

## Discussion

The above account is in keeping with the cogent view of the German pathologist, Cohnheim [6]. As he had contemplated, the findings from tumor autopsy “are all in a manner experiments instituted by nature, which we need only rightly interpret to get a clear idea of the causes, laws of growth, and significance of the tumour.” Incidentally, another Japanese group [7], having investigated 47 autopsy cases of metastatic cancer involving the pancreas, did “conclude that the possible diagnosis of pancreatic metastasis should be carefully ruled out in the histological detection of latent primary cancer.”

It is concluded here that the medical masters of yester years grasped through autopsies some fundamental principles of pathology [8]. Therefore, I am persuaded that, as regards the current quest for target therapy of pancreatic cancer, the historical parameters are worthy of documentation [9].

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