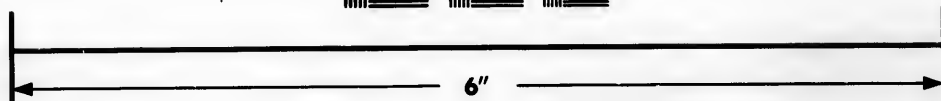
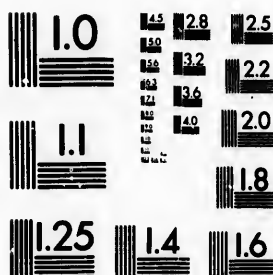


**IMAGE EVALUATION
TEST TARGET (MT-3)**



**Photographic
Sciences
Corporation**

23 WEST MAIN STREET
WEBSTER, N.Y. 14580
(716) 872-4503

28
25
22
20
18

**CIHM/ICMH
Microfiche
Series.**

**CIHM/ICMH
Collection de
microfiches.**



Canadian Institute for Historical Microreproductions / Institut canadien de microreproductions historiques

10
01

© 1985

Technical and Bibliographic Notes/Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Coloured covers/
Couverture de couleur | <input type="checkbox"/> Coloured pages/
Pages de couleur |
| <input type="checkbox"/> Covers damaged/
Couverture endommagée | <input type="checkbox"/> Pages damaged/
Pages endommagées |
| <input type="checkbox"/> Covers restored and/or laminated/
Couverture restaurée et/ou pelliculée | <input type="checkbox"/> Pages restored and/or laminated/
Pages restaurées et/ou pelliculées |
| <input type="checkbox"/> Cover title missing/
Le titre de couverture manque | <input checked="" type="checkbox"/> Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées |
| <input type="checkbox"/> Coloured maps/
Cartes géographiques en couleur | <input type="checkbox"/> Pages detached/
Pages détachées |
| <input type="checkbox"/> Coloured ink (i.e. other than blue or black)/
Encre de couleur (i.e. autre que bleue ou noire) | <input checked="" type="checkbox"/> Showthrough/
Transparence |
| <input type="checkbox"/> Coloured plates and/or illustrations/
Planches et/ou illustrations en couleur | <input type="checkbox"/> Quality of print varies/
Qualité inégale de l'impression |
| <input type="checkbox"/> Bound with other material/
Relié avec d'autres documents | <input type="checkbox"/> Includes supplementary material/
Comprend du matériel supplémentaire |
| <input type="checkbox"/> Tight binding may cause shadows or distortion
along interior margin/
La reliure serrée peut causer de l'ombre ou de la
distorsion le long de la marge intérieure | <input type="checkbox"/> Only edition available/
Seule édition disponible |
| <input type="checkbox"/> Blank leaves added during restoration may
appear within the text. Whenever possible, these
have been omitted from filming/
Il se peut que certaines pages blanches ajoutées
lors d'une restauration apparaissent dans le texte,
mais, lorsque cela était possible, ces pages n'ont
pas été filmées. | <input type="checkbox"/> Pages wholly or partially obscured by errata
slips, tissues, etc., have been refilmed to
ensure the best possible image/
Les pages totalement ou partiellement
obscurcies par un feuillet d'errata, une pelure,
etc., ont été filmées à nouveau de façon à
obtenir la meilleure image possible. |
| <input type="checkbox"/> Additional comments:/
Commentaires supplémentaires: | |

This item is filmed at the reduction ratio checked below/
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	14X	18X	22X	26X	30X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12X	16X	20X	24X	28X	32X

The copy filmed here has been reproduced thanks to the generosity of:

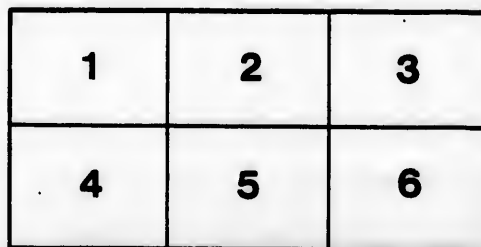
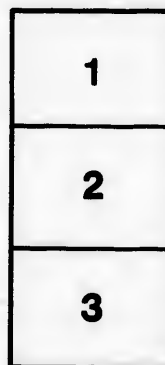
Medical Library
McGill University
Montreal

The images appearing here are the best quality possible considering the condition and legibility of the original copy and in keeping with the filming contract specifications.

Original copies in printed paper covers are filmed beginning with the front cover and ending on the last page with a printed or illustrated impression, or the back cover when appropriate. All other original copies are filmed beginning on the first page with a printed or illustrated impression, and ending on the last page with a printed or illustrated impression.

The last recorded frame on each microfiche shall contain the symbol \rightarrow (meaning "CONTINUED"), or the symbol ∇ (meaning "END"), whichever applies.

Maps, plates, charts, etc., may be filmed at different reduction ratios. Those too large to be entirely included in one exposure are filmed beginning in the upper left hand corner, left to right and top to bottom, as many frames as required. The following diagrams illustrate the method:



L'exemplaire filmé fut reproduit grâce à la générosité de:

Medical Library
McGill University
Montreal

Les images suivantes ont été reproduites avec le plus grand soin, compte tenu de la condition et de la netteté de l'exemplaire filmé, et en conformité avec les conditions du contrat de filmage.

Les exemplaires originaux dont la couverture en papier est imprimée sont filmés en commençant par le premier plat et en terminant soit par la dernière page qui comporte une empreinte d'impression ou d'illustration, soit par le second plat, selon le cas. Tous les autres exemplaires originaux sont filmés en commençant par la première page qui comporte une empreinte d'impression ou d'illustration et en terminant par la dernière page qui comporte une telle empreinte.

Un des symboles suivants apparaîtra sur la dernière image de chaque microfiche, selon le cas: le symbole \rightarrow signifie "A SUIVRE", le symbole ∇ signifie "FIN".

Les cartes, planches, tableaux, etc., peuvent être filmés à des taux de réduction différents. Lorsque le document est trop grand pour être reproduit en un seul cliché, il est filmé à partir de l'angle supérieur gauche, de gauche à droite, et de haut en bas, en prenant le nombre d'images nécessaire. Les diagrammes suivants illustrent la méthode.

Blackader, A.D.

No. W

1896.

NOTES OF A CASE IN WHICH MARKED
ENLARGEMENT OF THE LIVER, AS-
SOCIATED WITH SYMPTOMS RE-
SEMBLING THOSE OF TYPHOID
FEVER, OCCURRED IN A YOUNG
CHILD.

By A. D. BLACKADER, M.D.,

Professor of Pharmacology and Therapeutics, and Lecturer on
Diseases of Children, McGill University, Montreal.

Dr. D.S. Lewis OCT 23 '01

NOTES OF A CASE IN WHICH MARKED ENLARGEMENT
OF THE LIVER, ASSOCIATED WITH SYMPTOMS RE-
SEMBLING THOSE OF TYPHOID FEVER, OCCURRED
IN A YOUNG CHILD.*

BY A. D. BLACKADER, M.D.,

Professor of Pharmacology and Therapeutics, and Lecturer on Diseases of
Children, McGill University, Montreal.

The usual conditions under which notable enlargement of the liver may occur in children are well recognized, and on its appearance we look for symptoms pointing to the presence of syphilis, tuberculosis, leukæmia, alcoholic or malarial poisoning, or amyloid or cardiac disease. Slight enlargement from congestion may sometimes be due to the absorption of ptomaines from the intestinal tract in cases of faulty digestion; to the administration of food containing articles more or less irritating to the hepatic cells; or to the action of toxins generated in the system during the course of some of the infectious fevers.

In the following case the enlargement was very notable. It began toward the close of the second week of fever, reached its maximum about the fourth week, and then slowly receded. It was associated with no tenderness, no ascites, no symptoms of jaundice. A careful examination, twelve weeks after the commencement of the attack, failed to reveal any undue enlargement of the liver, or irregularity in its borders.

In a very imperfect review of the literature on the subject, I have failed to note any reference made to a similar condition, with the exception of some cases reported recently in the *Journal de Clinique et de Thérapeutique Infantiles*, Paris, April 16, 1896, by Dr. Edouard Tordeus, of Brussels. This writer gives the history of five cases of lobar pneumonia, in which a very notable, but temporary, enlargement of the liver made its appearance a few days after complete defervescence had taken place. In two of these the firm, smooth edge could be distinctly felt as low down as the level of the umbilicus. There was no tenderness on palpation, no icterus, no ascites. The spleen was not enlarged, the appetite remained excellent, and the patient was in

* Read before the American Pediatric Society, Montreal, May 26, 1896.

OCT 23 '91

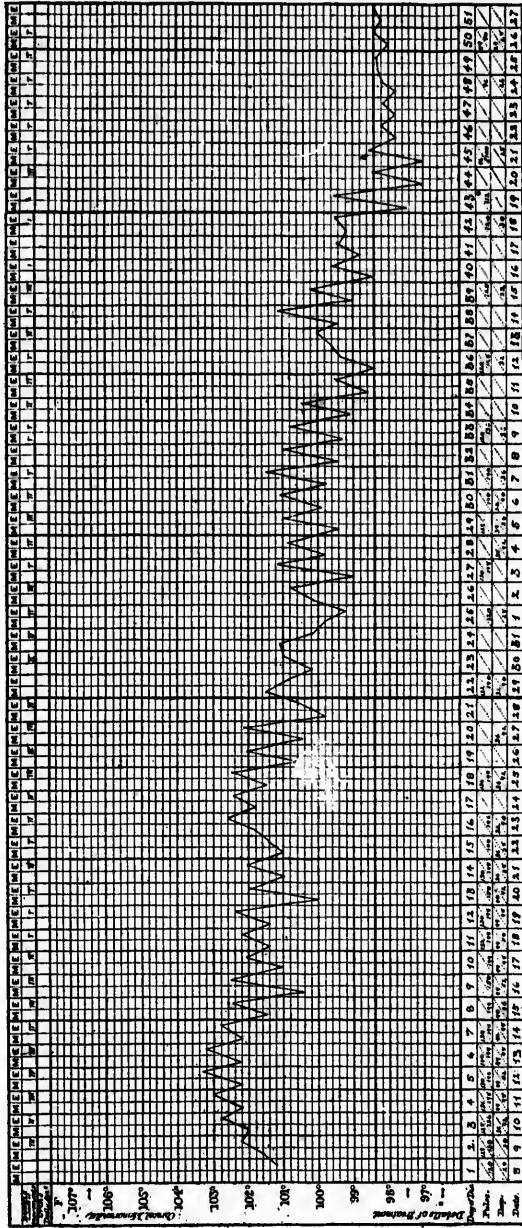
Dr. D. S. Lewis

good spirits. Under suitable regimen the enlargement disappeared in a few weeks.

In my own case, although some of the symptoms simulated those of pneumonia, at no time was I able to obtain, by physical examination, definite symptoms of any consolidation, and the continued pyrexia appeared to oppose any such hypothesis.

The history of the case was as follows:

On the evening of March 8, 1896, I was summoned to see F. S., a bright, precocious child, aged two and a half years, whom I had attended at intervals from a few weeks after birth. Her parents were both in good health. The paternal grandfather died from interstitial nephritis of gouty origin; the father is a dyspeptic, and suffers from neuralgic attacks, probably also of gouty origin. The mother is of a nervous temperament, but is otherwise well. The child herself was nursed by the mother till the end of the third month, when, under my directions, she was gradually weaned. Artificial feeding proceeded very satisfactorily. The child, weighed every week, showed a steady gain in weight. Dentition was normal, and so far she had escaped all the eruptive fevers. Six weeks previously she had suffered from a slight influenzal attack, which had left her looking pale, and for which at the time I had prescribed a ferruginous tonic. On the evening of my visit I found her with flushed face and slightly coated tongue; pulse, 120; respiration, 24; temperature, $101\frac{1}{4}^{\circ}$. There was no complaint of pain, nor did a thorough examination reveal any abnormal condition. A simple alkaline mixture was prescribed. The temperature rose slowly, and on the evening of the fourth day reached 103° F. Respirations were now decidedly quickened, and the child appeared to have occasional attacks of pain, but the site of this was obscure, and appeared to be variable. The nights were restless. On the sixth day respiration still remained quickened. There was slight diarrhoea, associated with some pain, and greenish colored stools containing more than a normal amount of mucus. The abdomen was slightly distended, but no special tenderness was elicited on pressure. Splenic dulness was present. No abnormal physical signs were detected after repeated examinations of the chest. No rose spots were visible on the body. On the evening of the eighth day, as the diagnosis was still uncertain, Dr. Browne saw her with me in consultation. The daily range of temperature was now between 102° and 103° F.; the respira-



TEMPERATURE RANGE IN A CASE IN WHICH MARKED ENLARGEMENT OF THE LIVER WAS ASSOCIATED WITH SYMPTOMS RESEMBLING THOSE OF TYPHOID FEVER, IN A YOUNG CHILD.

tions from 40 to 48; the pulse was weak, 140 to 150. Diarrhœa still continued, with about the same characters. Cough could hardly be said to be present. Beyond an occasional sibilant râle no abnormal physical signs were detected in the chest. We both considered the case as possibly one of pneumonia, but no absolute diagnosis was made.

During the following week the symptoms remained about the same. The respirations were less rapid, averaging about 40 per minute, while the pulse varied from 120 to 140. There were two or three relaxed motions per day, of light color, and occasionally associated with some colicky pain. A cough occurred only occasionally, and was very slight in character. Repeated physical examinations revealed only a few loose bronchial râles toward the base. On the evening of March 22d, the area of liver dulness was first observed to be slightly increased, extending a full inch below the margin of the ribs in the nipple line. Splenic dulness increased, but the spleen was not palpable. The abdomen was slightly distended, but no special tenderness was detected on deep pressure.

A specimen of urine was not obtainable without using the catheter, but, from the appearance of the diapers, there was nothing abnormal either in its amount or its character.

The enlargement of the liver gradually increased until, by the 1st of April, its margin was distinctly palpable half an inch below the level of the umbilicus. Its surface and margin were quite smooth. No local tenderness was elicited. The enlargement was general. The lower margin of the spleen was also easily felt, extending one inch below the margin of the ribs. There was no icterus, and no ascites. Slight pitting was perceptible on deep pressure over the tibix.

Dr. Lafleur kindly saw the case at this time along with me, and corroborated the physical signs I have already noted. An examination of the blood, at my request, was made by him at this visit. The red corpuscles was found to number 4,666,400 per cubic mm. The white corpuscles 4,600 per cubic mm. There was no poikilocytosis. The red cells were of equal size and well formed. The hæmoglobin was not estimated.

The physical signs persisted for another fortnight, when a gradual diminution in the size of the liver followed a distinct improvement in the general symptoms. Not until the end of the sixth week did complete defervescence take place, and could

convalescence be said to be established. The edge of the liver, at this time, was still distinctly perceptible more than two fingers' breadth below the level of the ribs. It was six weeks later before I could assure the mother that it had regained its normal size.

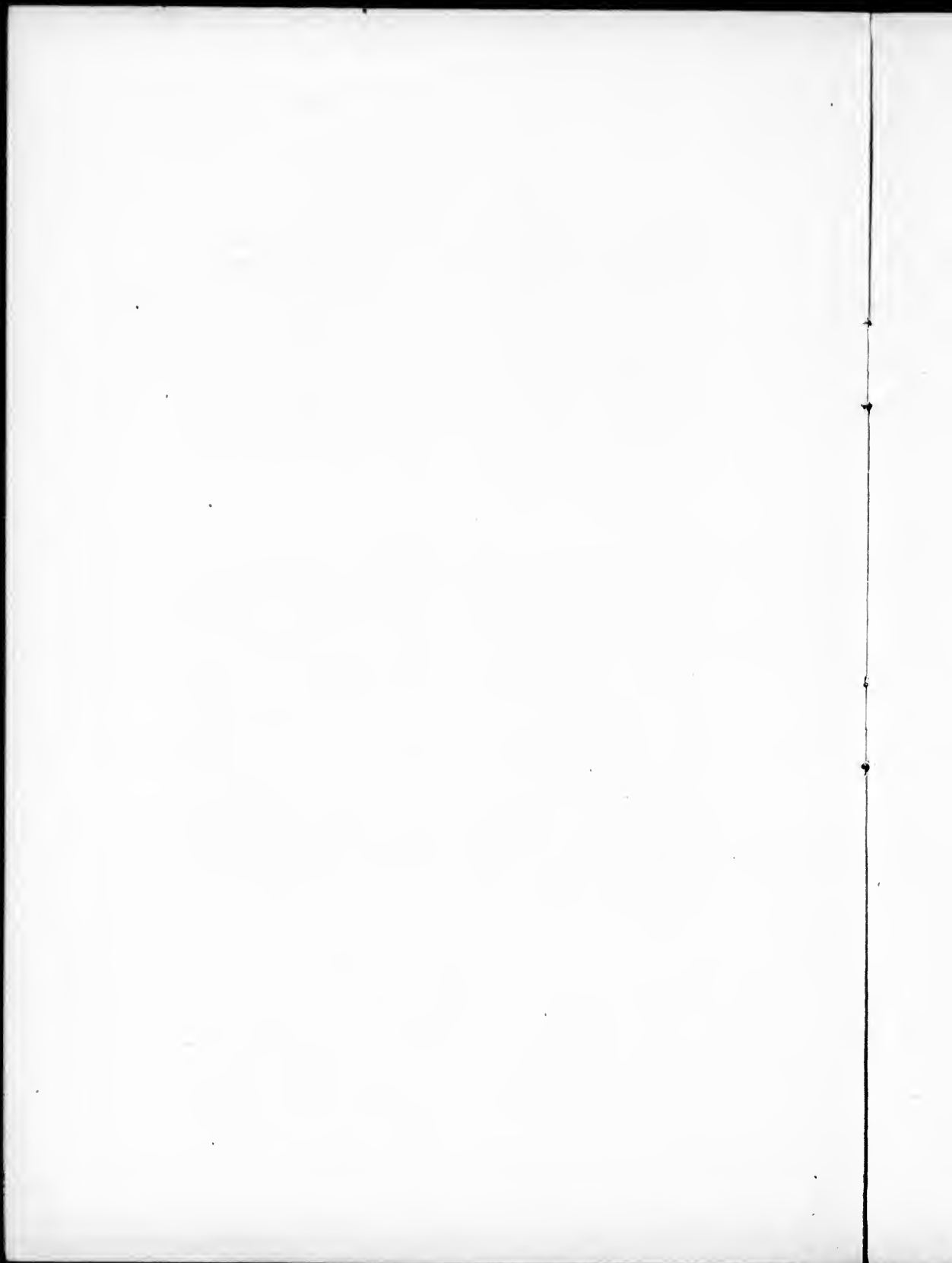
The question of diagnosis in this case must, it seems to me, still remain obscure, with the probabilities pointing in favor of typhoid fever. The enlargement of the liver is, however, interesting, whatever be the diagnosis, and the future history of such a case will be instructive. That it was an enlargement and not a displacement, may be considered as well established as repeated examinations, verified by two other physicians, could render it. Its origin and character must remain in doubt.

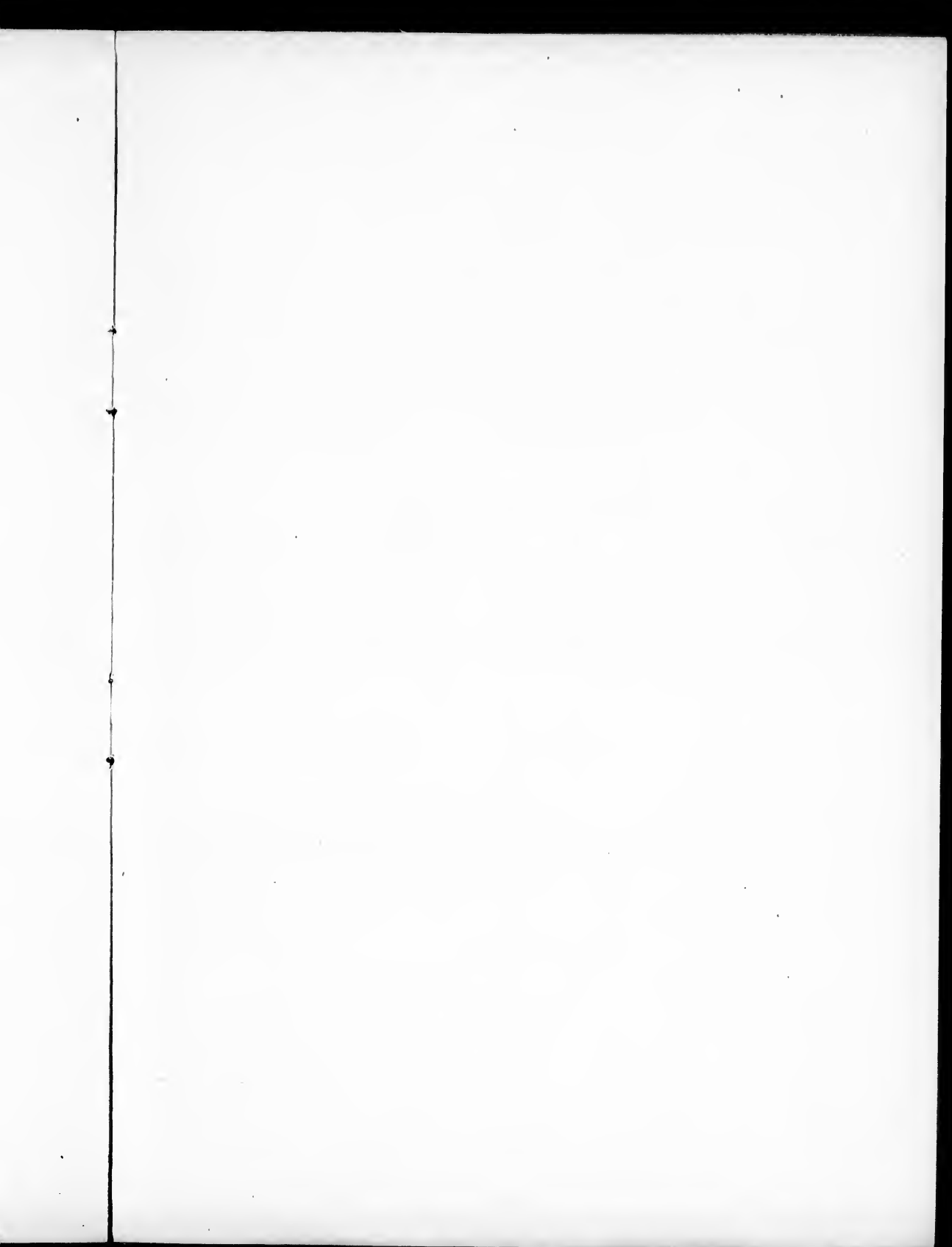
236 MOUNTAIN STREET.

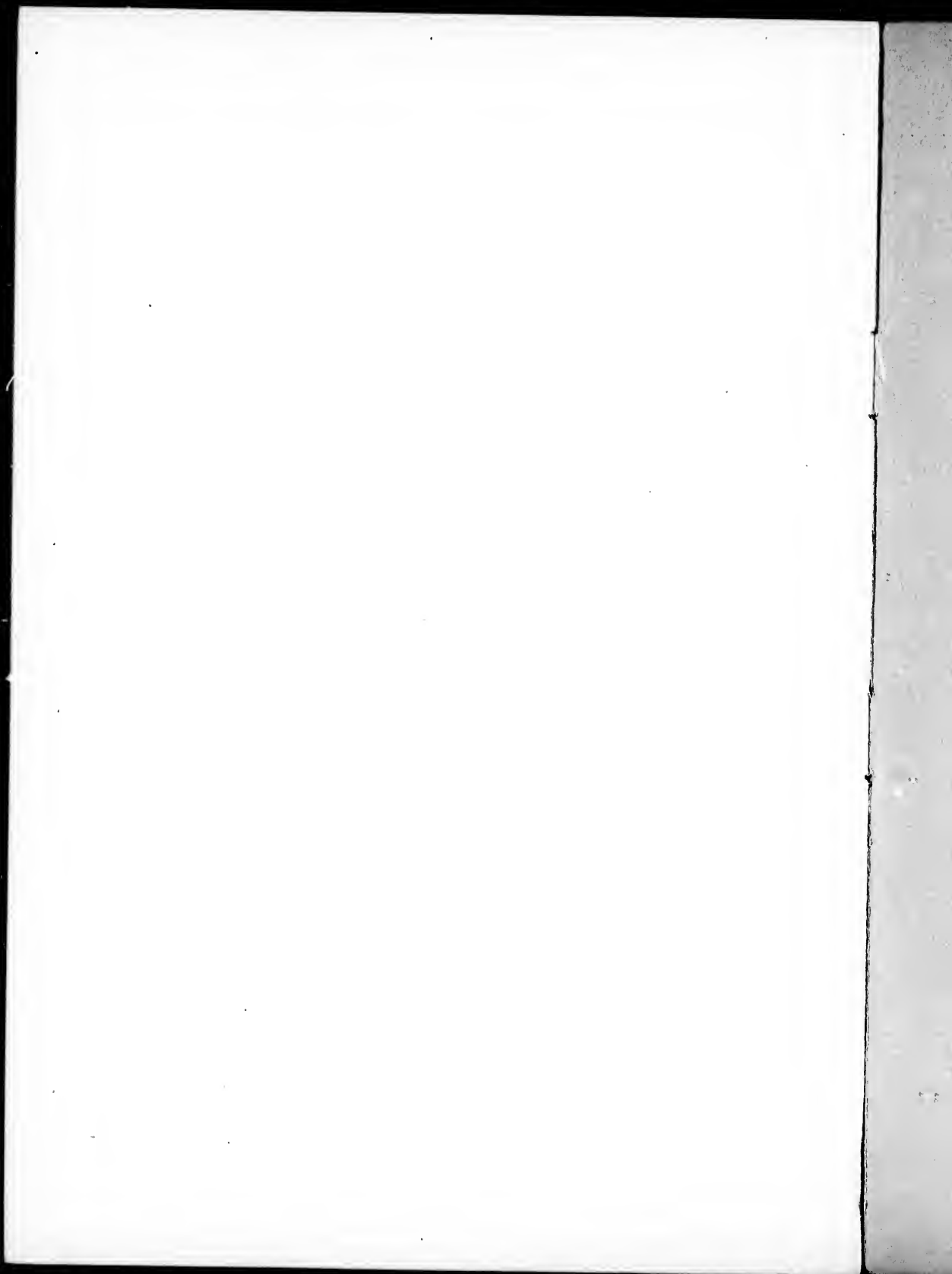
DISCUSSION.

DR. HENRI LAFLEUR.—There was only one examination of the blood made, and the idea of acute leukæmia could be excluded. The total number of leucocytes was 4,600 to the c.c. As regards the rest of the condition I corroborate what Dr. Blackader says.

DR. AUGUST SEIBERT.—I would call attention to the report of Czerny and Moser, assistants of Prof. Epstein, of Prague, published about a year ago in regard to blood examinations in infants suffering from intestinal catarrh. They examined, I think, fifteen cases, and in each case found bacteria in the blood that are otherwise found in the intestines. In most of these cases secondary swelling of the liver, of the spleen, a slight nephritis, and broncho-pneumonia were present. Enlargement of the liver and of the spleen, in cases of chronic intestinal catarrh, and sometimes following mild acute intestinal infections, I have seen quite often, and within the last five to eight years have looked upon them as general infections entering the body through the intestine. This case of Dr. Blackader's might have developed in a similar way.







FROM
ARCHIVES
OF
PEDIATRICS

A MONTHLY JOURNAL DEVOTED TO DISEASES OF
INFANTS AND CHILDREN.

EDITED BY

FLOYD M. CRANDALL, M.D.

“Pediatrics is the specialty of the
general practitioner.”

Volume begins with January. Sub-
scriptions may begin at any time.
\$3.00 a year in advance.

E. B. TREAT, - Publisher,
241-243 West 23d Street, New York.

