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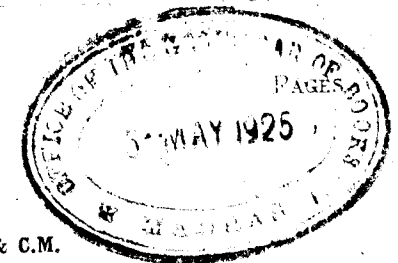
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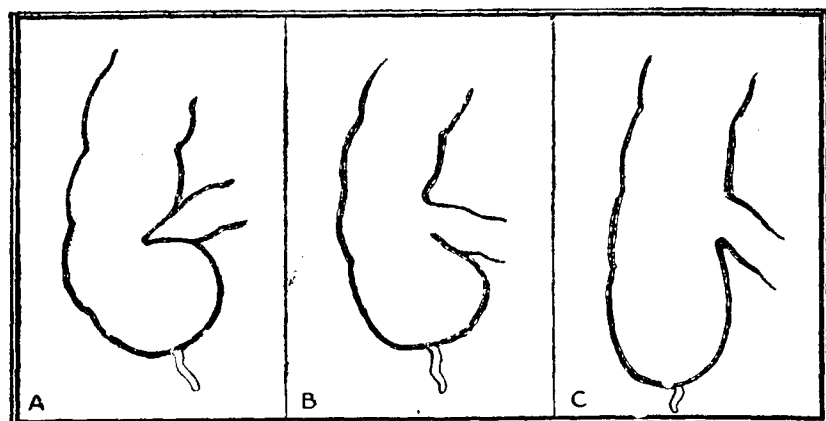
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THE MADRAS MEDICAL JOURNAL.

FEBRUARY 1925.

HEPATIC ENLARGEMENTS IN CHILDREN.

(DR. K. VASUDEVA ROW, M.D.)

I have chosen this subject purely from a selfish point of view, because the problem of hepatic enlargements in children is growing more and more urgent day after day, more so in a locality wherein the major population is a Brahmin one. The scare of this enlarged liver is so great irrespective of its origin and nature, that if any medical man expresses the idea that a certain child has an enlarged liver, that means the death-knell of the child is sounded. Though the subject of my talk to you is hepatic enlargements in children, I intend giving you a fair resume of the different aspects of this enlargement and then dilate at some length on the two urgent scourges of the day, viz., (1) Kala-azar and (2) Infantile biliary cirrhosis.

There are various ways of classification that have been adopted by different writers but to me the following one appears to be more suitable than the rest :

- (1) Enlargements in congenital diseases.
- (2) Enlargements in acquired diseases.

In the first class of congenital diseases, I have to mention only a few and they are (1) congenital syphilis, (2) congenital Glenard's disease. I am not going to spend more time on these two diseases; all that I have to say is that the prognosis as far as the patient is concerned

is far more favourable in this group than in the second group. By the adoption of suitable antisyphilitic treatment the first condition can be got over, and the second condition does not produce many pathological conditions.

In the second group of acquired diseases we have to think of

- (1) Vitamine and food deficiencies (i) Rickets, (ii) Scurvy.
- (2) Tropical fevers (i) Malaria, (ii) Kala-azar, (iii) Banti's disease.
Catarrhal jaundice. Japan River fever.
- (3) Infantile biliary cirrhosis.
- (4) Diseases of the liver itself (i) Abscess and (ii) Tumours.
- (5) Blood diseases : Leukaemias.

It is essential that we should be in a position to say whether a certain enlargement that is noticed is a pathological one or a physiological one, for there are certain cases when in the hepatic enlargement is normal. [If any of you had palpated the abdomen of new born babies in the first one or two weeks of their birth, it would have been no surprise if you had found an enlarged liver. This condition disappears usually in the course of a month or two and Albert says that even to the age of 7 or 8 years the enlarged liver can be palpated in some children.] For this purpose we have at our command the hepatic efficiency tests which could easily be done in any consulting room and the information that these tests give is worth the labour spent on them.

There are various tests that have been applied for testing the hepatic efficiency. First to come into ordinary use was phenol-tetracholor-phthalin. It was injected

subcutaneously and its rate of disappearance from the blood stream was studied. In normal conditions, liver is practically the only organ that excretes this dye, and when that organ is normal it disappears in from 15" to 30" but if the hepatic cells are diseased through any reason, the excretion of this dye is delayed and may extend over a day or two. The second test, is the salicylic acid one. The test is to be judged by the amount excreted in the urine. These tests were not quite up to the mark in defining the efficiency of the liver, because the main function of the liver is the glycogenic one and none of these tests can claim to have given us any reliable clue as to the state of this function. Naturally attempts were made to make use of this function and the first one to attempt was De Fellipi. He found that when the liver was shut out from the portal circulation, there was a small decrease in the tolerance for dextrose but a larger decrease in tolerance for lævulose. Another worker by name Jacobson repeated the experiments of De Fellipi and found in dogs the following results :—

	Before operation.	After operation.
Tolerance for dextrose	.. 115 grains.	80 grains.
Do. lævulose	.. 90 "	9 "

It would thus be observed that when the liver is put out of the portal circulation, the lævulose tolerance is decreased enormously. Various workers tried experiments with other forms of sugar and Baner was the one that swore that galactose is the best one to be used. It was found that when 30 to 40 grains of pure galactose was given by mouth to a healthy normal individual, there was no galactose in urine but in certain disturbances of

