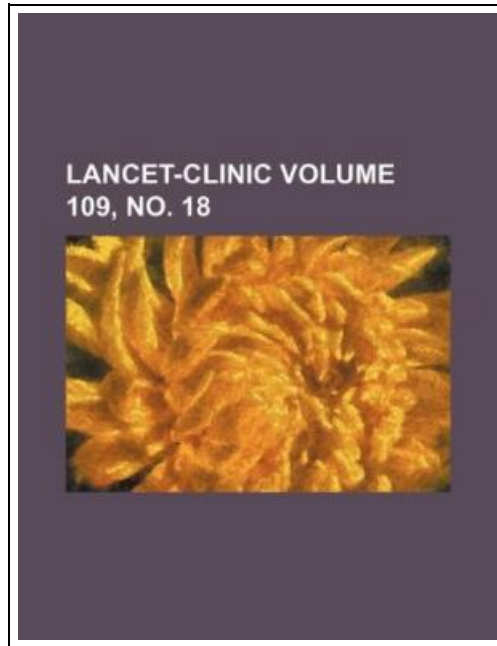


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Rarebooksclub.com, United States, 2012. Paperback. Book Condition: New. 246 x 189 mm. Language: English . Brand New Book ***** Print on Demand *****.This historic book may have numerous typos and missing text. Purchasers can download a free scanned copy of the original book (without typos) from the publisher. Not indexed. Not illustrated. 1913 Excerpt: .due to increased medullary activity. The thyroid gland has also been known to temporarily hypertrophy. Briefly, we can say that there have been cases where the spleen was removed without any change in the general economy or in the blood, but, usually, there is (1) an increase in the number of leucocytes; (2) a decrease in the number of red blood corpuscles; (3) a diminution in the amount of hemoglobin, and that these changes attain their maximum between two weeks to two months and then the blood conditions return to the normal. Green summarizes enlargements of the spleen under the following headings: In ague, leukemia, syphilis, valvular diseases of the heart, typhoid fever and those cases occurring without any obtainable history of previous disease. Excessive enlargements in leukemia, splenic anemia and chronic malaria. Lesser degrees of enlargement in cirrhosis of liver, ricketts, pernicious anemia, passive congestion and actual portal obstruction. Acute enlargement may be encountered in malaria, typhoid and typhus fever, erysipelas, acute miliary tuberculosis, tuberculous periostitis, cerebrospinal meningitis, smallpox, diphtheria, scarlet fever, relapsing fever, infarct, plague and a few of the tropical diseases. A most interesting feature from a clinical standpoint, in considering enlargements of spleen, is the question of diagnosis. It is probably true to say that it is easy to palpate in one case, difficult in another, questionable in a third, and impossible in a fourth group. Greene says in all cases where doubt arises as to the nature of a large tumor...



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