

pernicious anemia, and then there is wanting evidence that the atrophy is not a late change in the disease. The only evidence of its early occurrence is the absence of free HCl from the gastric secretion, but free HCl is temporarily, and occasionally permanently, absent in many other conditions. During the remissions in pernicious anemia the appetite and digestion are often quite vigorous and a full diet may be as well disposed of as in health. At times there is every evidence of a secretion of HCl. Even in such malignant pyloric obstruction HCl may be restored to the secretion after the condition has been relieved by gastro-enterostomy.

Of late much importance has been attached to the probability of infection of the stomach by secretion from diseased gums around decayed teeth.\* There is no doubt that such unhealthy conditions of the mouth may cause gastric catarrh, but that is far from proving it a cause of pernicious anemia. It is a question whether decayed teeth and diseased gums are found to exist in pernicious anemia in a greater proportion of cases than in other chronic exhausting diseases. There is such a vast army of people whose teeth are decayed and gums unhealthy, that it would require a marked connection between the condition of the mouth and any constitutional disease to establish a relationship of cause and effect even in a remote degree. In my 22 cases I have notes of the condition of the mouth in 17. One or more teeth were carious in ten of these, but nearly all of them were too well cared for to be a possible source of infection of the stomach. In only four of these cases were the gums unhealthy, three of them being only slightly affected and the fourth only fairly severely. In none was there a purulent secretion. It is further to be observed that these cases were not more affected by stomatitis or gastro-intestinal disturbances than were those whose teeth and gums were perfectly healthy.

One case at present showing very grave symptoms of pernicious anemia was under treatment two years for dilation and prolapse of the stomach with marked disturbance of its function. She was then quite thin and anemic, but the blood did not present the characters of pernicious anemia, and she made a very good recovery. Her present illness began during the past winter.

There was a history of pernicious anemia in the family of two of my cases. One of them, a young man whose death is just reported, had a brother who died of the same disease about four years ago. The history was typical, so that there can be no doubt as to the diagnosis. The other case is that of a lady about 70 years old. She had been ailing for nearly two years, and presented the characteristic symptoms in a marked degree. Two of

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\*William Hunter, *Medical Press and Circular*, April 3rd, 1901, p. 3537.