

took place ten days later: the red cells had decreased to 800,000. Another case gave a history of progressive anaemia for two years: his red-cell count was 625,000. Death occurred in seven weeks, the count having fallen to 340,000 per c.mm. Among the signs which indicate that a fatal outcome is imminent are a low red-cell count and a low leucocyte count, especially a diminution of the granular cells.

If nucleated red cells have been present, and either diminish or fail to increase in number as the red-cell count becomes progressively lower, we would suspect that the anaemia was aplastic. In both severe secondary and pernicious anaemia we usually expect to find that the nucleated red cells become more numerous in the blood as the corpuscular count drops. The occurrence of haemorrhages is an unfavourable indication, and an attack of intercurrent disease renders a fatal issue doubly certain.

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#### ANÆMIA, PERNICIOUS. (SO PERNICIOUS ANÆMIA.)

**ANÆMIA, SECONDARY.** Secondary anaemia may arise from a great variety of causes, and practically the only condition in which the prognosis is not more influenced by the causal factor than by the bloodlessness is post-haemorrhagic anaemia.

**Acute Post-haemorrhagic Anaemia** may be immediately fatal. No other condition causes so much anxiety to the patient. Pallor, giddiness, and faintness may be noticed before much blood has been lost. As soon as the blood-loss has become severe, the pulse becomes low in tension, small in volume, and irregular. All of these symptoms are readily recovered from.

More serious are hiccough, nausea, and vomiting. Persistent syncope is a very grave indication. Fibrillary tremors and defirmum are of even more serious omen, and after convulsions have occurred recovery rarely follows.

If the haemorrhage is checked before a fatal result takes place, the patient is not yet out of danger. The blood is diluted by fluid from the tissues and its respiratory value is thereby diminished: it is also possible that the resulting hydramnia leads to a destruction of some of the less resistant corpuscles.

The maximum severity of the anaemia is therefore not reached till some days after the actual haemorrhage, but the danger to life is not so great as during the initial loss of fluid. A return of syncope and nervous symptoms at this stage would be a serious indication. It is hardly necessary to discuss immediate prognosis in the case of actual haemorrhage, since the matter is determined at once. When a serious haemorrhage has been arrested, it may be of vast importance to be able to estimate the subsequent course of events.

The suddenness of the haemorrhage is a factor. If blood be lost slowly, or in two or three repeated haemorrhages, the patient has a better chance of life than if the same, or even a less, quantity of blood were lost rapidly: as, in the former case, there is more time for