

There has of late been a tendency to overlook this point, and while there are various causes that may produce anemia at once progressive and pernicious, these cases, however much they may simulate it, do not belong to the type described by Addison, in which there exist none of "the usual causes and concomitants of the anemic state." The following conditions may be associated with or lead up to profound and progressive anemia, which may be confounded with the true idiopathic form of Addison: (a) The severe post-partum anemia described by Channing, Gusserow, and others; (b) the form of chronic gastritis associated with great atrophy of the mucous membranes; (c) the parasitic anemias due to the ankylostoma or to the bothriocephalus; and (d) lastly, in a few rare instances of carcinoma the anemia is early and progressive, and the patient may die profoundly anemic without any suspicion that a neoplasm is present.

Now, apart from these conditions, which are more or less readily recognized, is the form described by Addison, which is most frequently seen in males, occurs in the middle period of life, and in which the causal factors remain obscure. In a number of cases gastro-intestinal disorders precede the attack; in others mental shock or great worry. Of late the theory has been advanced that the disease has its origin in the intestinal tract, and is due to the absorption of poisons—ptomaines produced by certain micro-organisms. These are supposed to cause rapid blood-destruction, particularly in the portal system. This is followed by the deposition of increased amounts of iron in the liver, and accounts also for the increase in the iron in the kidneys, and the excess of pigments, particularly the pathologic urobilin, in the urine. This view, which has been so strongly supported by Wm. Hunter, has been received with much favor, though opposition is not lacking, as in the recent work of Hopkins.

The clinical features of idiopathic anemia are very characteristic. An individual who perhaps has before been perfectly healthy begins gradually to develop the symptoms of anemia. Occasionally the onset is rapid, but as a rule it is so insidious that the patient is scarcely able to give the exact date of the beginning of his illness. He becomes paler, and notices that he tires easily. Gets out of breath, and has palpitation of the heart on the least exertion. Headache, vertigo, and ringing in the ears are not uncommon as early symptoms. All these may be gradually aggravated, and later on the pallor may be extreme, the skin assuming a characteristic lemon-yellow tint. The digestive functions become disturbed, the appetite is poor, and nausea and vomiting are frequent. The ankles become edematous, and hemorrhages may take place into the mucous membranes. The end is graphically described by Addison: "The debility becomes extreme, the patient can no longer rise from bed, the mind occasionally wanders; he falls into a prostrate and half-torpid state, and at length expires; nevertheless, to the very last, and after a sickness of several months' duration, the bulkiness of the general frame and the amount of obesity often present a most striking contrast to the failure and exhaustion observable in every other respect."

The prognosis is extremely grave. The disease has been supposed to be invariably fatal, and the reported cases of cure have been regarded as examples