

combat the action of the poison on the blood, after its absorption. To this end, Hunter proposes, in the future, to make a sustained and systematic trial of serum treatment; but the exact nature of the serum he reserves for later investigations accurately to determine.

William Ewart (*Progressive Medicine*, September, 1900), in reviewing this article states that a case of recurrent pernicious anaemia occurred in his own practice, which well illustrated the statement of Hunter that infection may originate in the mouth. His patient had had eight typical attacks, each ushered in by bleeding of the gums and stomatitis. He recovered completely under suitable treatment directed to the carious stumps and the stomatitis. Dr. Ewart recommends the administration in these cases of arsenic in the form of sodium cacodylate by the mouth and also subcutaneously. Iron, he states, has been regarded as useless, but in his hands it has proved of great service. It requires, however, to be associated with either arsenic or mercury, or with both.

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