

of Jones and Brunton, that it is possible that some abnormal product of digestion or even some digestive ferment itself may act as a poison; of William Hunter, that there is produced in the gastro-intestinal tract a poison of cadaveric nature in small quantity and not constantly; of Gowland Hopkins, that the poison is of bacterial origin; and, lastly, of Hunter again, in a more recent article, in which he further develops his theory, concluding from the stomatitis, gastritis, and diarrhoea present, that one has to do with a "chronic infective disease localized to the alimentary tract, caused by a definite infection of certain parts of the mucosa of the alimentary tract chiefly of the stomach and occasionally also of the mouth and intestines"; all are set forth.

Dr. Colman does not include the views of those who hold that pernicious anæmia is merely an advanced stage, which may be reached by any anæmia. He has no doubt of the existence of a *distinct* disease which we call pernicious anæmia. The prognosis in cases of pernicious anæmia is shown in this paper to be fully in accord with that given by Addison fifty years and more ago; resisting all remedial efforts, sooner or later they terminate fatally. It is interesting, however, in this connection to note the subsequent events in the history of 22 reported cases. All these were cured. Arsenic was used in 15 cases, arsenic and salol in 2 cases, bone marrow in 2 cases, iron, phosphorus and betanaphthol in one case each. Ten of these died subsequently; three were lost sight of, doubtless many of them died. Two only were known to be living.

There appears to be nothing new in the matter of treatment. Generally speaking it may be said that milk and farinaceous food suit better. This point finds but little if any emphasis in recent textbooks on medicine. It has been shown that nitrogenous diet increases the normal blood destruction. Transfusion is not recommended. Intestinal antiseptics as salol, salicylic acid, betanaphthol, etc., seem to be much in vogue at present, and some go so far as to attribute to its antiseptic action the good effects following the use of arsenic. Others teach that it stimulates red bone marrow. Iron has sometimes been found advantageous, especially in cases where destruction is not excessive, and even in such cases after the arsenic had initiated the improvement.

#### **Alcohol as a Therapeutic Agent.**

J. MACKIE WHYTE, M.D. "Some Recent Researches on Alcohol: Their bearing on Treatment." *The Edinburgh Medical Journal*, March, 1901.

Dr. Whyte has given a comparatively full résumé of the recent researches on the action of alcohol when taken into the system, and in