

extemporaneously the popular formulas and method of administration, and illustrate the method personally if the circumstances demand it. The mode of procedure is little different from the practice of rectal irrigation for summer disease of children; and no doctor in the coming season dare ignore the advantages of this treatment. In the name of humanity, so long as you pretend to practice medicine, practice it as well as any one can. Ignore no valuable suggestions, and learn the techniques of all the simpler plans, at least.—*Med. World.*

Pernicious Anemia.

Th. Rumpf (*Berl. klin. Woch.*) publishes the results of his analyses of blood in cases of pernicious anemia. He first turns his attention to the etiology of the disease. He can only explain the disease by looking on it as a combination of symptoms due to various causes. Of these he mentions bothriocephalus latus in the intestine—a very rare cause—carcinoma, specially of the stomach, pregnancy and parturition, syphilis, insufficient nutrition, and pathological conditions of the gastro-enteric canal. Besides cases due to or following one of these conditions, he calls attention to those cases for which no cause can be ascribed—cryptogenetic pernicious anemia (Birch-Hirschfeld). He says that just as ill-understood as the etiology of the disease is the actual condition of the blood. The microscopical appearances are well known, but the true chemical changes have almost entirely been neglected. He conducted experiments with Dennstadt. They examined the blood of two stillborn fetuses as a control, and further compared the results with those obtained by Schmidt and other analysts. They found that the blood in pernicious anemia contained a larger quantity of water than normal blood, a smaller quantity of solids, a higher proportion of chlorine, and a lower proportion of potassium, iron, and fat. The deficiency of potassium is more evident when a comparison is made with the quantity of sodium and of chlorine. In pernicious anemia there is not sufficient sodium to "cover" the chlorine, and the potassium also is present in too small quantities to combine with all the free chlorine. In normal blood there is an excess of sodium when estimated by the side of chlorine, without any of the potassium being needed to take up the chlorine. They further examined various tissues of the body, and found that the proportion of water was higher than normal in the heart, but considerably lower in the liver, spleen, and brain. The solids were in excess in the heart, and especially in the liver and spleen. There was also a deficiency of sodium to cover the chlorine in the liver and spleen, while in the former potassium was present in a higher proportion than normal, and in a lower