

ing to rest several times whilst dressing owing to faintness and breathlessness. Small ulcers appeared on the tongue and buccal mucous membrane. Baby weaned. Rest, nourishment, tonics, hematinics, hygienic surroundings of no avail. Steady increase of anemia, weakness and breathlessness on exertion. 19th February—suspected pernicious anemia. Microscopical examination of blood confirmed diagnosis. The condition at this time was as follows:

Symptoms and signs: Countenance pale and of characteristic lemon tint. Skin dry and bloodless, no edema, sclerotics pearly. Tissues not emaciated but muscles soft and flabby to the last. Lips and gums bloodless. Tongue clean but flabby and anemic. Small ulcers on tongue and buccal mucous membrane, not healing with chlorate of potash or silver nitrate. Appetite none. Gastro-intestinal dyspepsia, later on with slight nausea, then vomiting, which became uncontrollable until the stomach was given absolutely no food. Vomit composed of large quantities of bile green in color (showing lodgment in stomach long enough for oxidation by gastric secretion) and giving reaction for biliverdin. Liver enlarged, with slight tenderness over that region. Spleen and other abdominal organs apparently normal. Bowels constipated, but acted much more freely after purgative than was their wont during health. Respiratory organs normal, except for intercurrent bronchitis.

Cardio-vascular system: Cardiac dilatation, hemic murmurs in mitral, pulmonary and aortic areas. Arteries in the neck pulsate visibly, pulse soft and compressible, but rather full. Superficial veins somewhat prominent. Slight hemorrhages from nasal mucous membrane. Patient languid, with marked faintness and breathlessness on exertion. Urine, sp. gr. 1010–1015, light in color, but no urobilin reaction elicited. Fever, temperature ranged from 99° F. to 102.4° F.

Nervous system: Numbness in arms, chest and legs, tingling and pruritis general. The blood—microscopical examination showed red corpuscles enormously diminished, individual cells abnormally rich in hemoglobin and showing megalocytes and microcytes. Poikilocytosis marked—one form nucleated; numerous leucocytes diminished in numbers. Platelets, none showed. Numerous nucleated red corpuscles, giantoblasts forming the great majority. After the course in arsenic there was an increase in the number of red corpuscles from  $\frac{1}{2}$  million per c. cm. to  $\frac{3}{4}$  million.

Treatment adopted: Tonics, hematinics, rest in bed, and hygienic attention to person and surroundings failed to bring about improvement; otherwise symptomatic. Disease rapidly progressive. Turned to Fowler's solution, initial dose 3 minims,