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Original Communications.

IDIOPATHIC ANÆMIA".

BY J. E. GRAHAM, M.D. Toronto

(Read before the Ontario Medical Association, Hand ilten, June attendedi, 1884.)

There are few physicians of long experience who have not had at times under observation cases of anomia terminating fatally, in whom the true nature of the disease was not made out. As post-mortems are seldom obtained the cause of death is usually put down as obscure cancer or abscess. Dr. Addison was the first to clearly describe a general anamia occurring without any discernible cause whatever, to which he gave the term idiopathic anamia.,

In 1872, Biermer, of Zurich, described a number of similar cases of disease to which he gave the name progressive pernicious During the past ten years a number of observers have written on this subject, Pye Smith in England, Gusserow and Quincke, in Germany, Pepper in the United States, Howard and Osler in Canada.

During the last seven or eight years I have had under observation seven cases of this disease. In some full notes have been made, while in other's owing to limited opportunities of observation, the histories are defective. They are given however, with the purpose of adding in a very slight degree to the sum of our clinical knowledge of this obscure affection. It may be stated with truth that we have not made much advance in the study of this condition since a namia, sore throat, nausea, a constant

the time of Addison. It is doubtful, if there has since appeared so clear and complete an account of the disease as was given by him in his article on disease of the suprarenal capsules.

The first case I shall give was under observation for nearly a year, and great doubt was experienced throughout the whole attendance, as to the real cause of the trouble. L. M., æt. 51, farmer, first consulted me in June, 1881. He was suffering from weakness and debility: 1 was somewhat anæmic, but not markedly so; Be complained of shortness of breath upon exertion, and of a peculiar beating in the lower and back part of the thorax. He also felt a soreness over the sternum especially on violent exercise, or riding over rough roads. He could not ride in a lumber waggon on account of this pain and soreness. He also complained of a persistently sore mouth. The mucous membrane did not present any ulceration but spots of congestion were noticed. had frequent attacks of nausea and vomiting: There were no hamorrhages; Bowels constipated, urine normal, temperature clevated about 100° Fah. His previous history was good, so far as his general health was concerned. When about twelve years of age he met with an accident, which resulted in persistent lameness of the back. He also suffered from chronic constipation,

There was no history of hereditary disease in his family.,

The symptoms above described, viz.,

Case.