

The chief indications in the treatment are to remove the cause where possible and in any case to preserve the red cells and to aid the organism in the formation of new cells. The latter indication is best met by an alimentary *régime*. This includes the use of starchy and fatty foods, which cause less destruction than the proteid forms. Grawitz gives a vegetable diet with condiments and fruits. Eggs and albuminous foods are allowed with daily lavage of the rectum and stomach. Further, absolute rest is demanded and oxygen inhalations may be tried. Arsenic in its various forms is the only drug that is of benefit. Some authors recommend a combination of sweating, bleeding and diuresis. Metchnikoff advises very small doses of hæmolytic sera, but his results are questionable. Carnot and Delfandre have isolated from the serum of animals which have been bled, a substance which they call "Hæmapoietine," which appears to provoke and control blood renovation; it is more abundant in the bone-marrow, where it apparently originates. They administer the serum subcutaneously and the marrow per rectum. Others have reported benefit from specific sera, as the diphtheritic serum. Some have published cures from the use of bone-marrow of healthy animals. The Roentgen Rays are said to be beneficial and are considered worthy of trial by Labbé and Salomon.

*Conclusions*—(1) Progressive pernicious anæmia is not a morbid entity, but a clinical syndrome due to an excessive destruction and an insufficient repair of blood, (2) the syndrome has no precise limits; there are insensible transitions between mild, severe and pernicious types, and even in the evolution of a particular case, (3) according to its etiological and clinical evolution, pernicious anæmia appears to be the final stage of symptomatic anæmias and is an expression of the generally irreparable failure of the hæmatopoietic organs which cannot compensate for the loss due to deglobulisation." C. P. H.

### Society Proceedings.

#### MONTREAL MEDICO-CHIRURGICAL SOCIETY.

The thirteenth regular meeting of the Society was held Friday evening, April the 3rd, Dr. Wesley Mills, President, in the chair.

#### PATHOLOGICAL SPECIMENS.

##### RUPTURED AORTIC ANEURYSM.

W. S. LYMAN, M.D.—

F. R. ENGLAND, M.D.—I would like to ask how Dr. Lyman explains the etiology of the aneurysm.

There is no history of syphilis but arteriosclerosis is present.