

Physical examination gave practically a negative result, so far as the organs contained in the chest cavity were concerned. The abdomen was both tympanitic and dull, some portions of the alimentary canal being filled with gas, while other regions contained fecal matter. Auscultation gave but little evidence of vermicular movements on the part of the intestinal canal.

Examination of the blood at the time of admission to the hospital gave 2,512,000 red corpuscles to the cb. m.m., and 55 per cent. hemoglobin (Gower's) in the blood.

The pulse and temperature ranged but little above the normal. The urine in this case presented no marked abnormal appearances.

The second case is that of a female:

Mrs. A. G., aged 34, married; admitted March 14th, 1899.

The family history was unimportant. She has always been fairly well, but had the usual diseases of childhood. Has had nine children and two miscarriages, the first fifteen months ago, and the second twelve months later. Since the last miscarriage she has been flowing almost continuously. Has had severe headaches. Two weeks prior to admission she had what was called pleurisy in the left side. About this time the feet began to swell, and she complained of quite severe pain in the smaller joints of the feet.

The uterus was curetted and packed with gauze. This was done under the local influence of cocaine, as Dr. Dudley considered her condition so desperate that he did not think it safe to give an anesthetic.

When first seen by Dr. Porter, which was shortly after the operation, the patient was suffering greatly from dyspnea, unable to lie down, was very anemic, pulse about 100; temperature 100.8° F. The lower extremities were edematous, and there was marked pain and swelling about the metatarso-phalangeal joints of the great toes. There was also marked periosteal edema and tenderness over the sternum and crests of the tibia.

The temperature in this case appeared to be due more directly to a condition of intestinal fermentation rather than to the local uterine condition, and rapidly subsided under a mercurial purge, and attention to the diet and digestion.

The urine, while in the hospital, had a sp. gr. varying between 1.022 and 1.030; was highly acid; at times contained a trace of albumen and a few hyaline and granular casts. Occasionally an epithelial cast was found.

Before taking up the treatment of these two cases in detail it may be well to consider first the natural methods by which hemoglobin is normally produced in the system, and the etiological factors that enter into the destruction of the hemoglobin, or prevent its formation in sufficient quantity to fully replace its natural disintegration.

It is becoming generally recognized that both iron and manganese cannot be absorbed from the healthy mucous membrane of the intestine and carried into the blood. The proof of this is absolute