

~~X~~ *Causation.*—It will be noticed that five of the cases were farmers, one and she a young lady, lived in the country, and another a tanner and lumberman. There is no doubt, but that the disease exists to a greater extent in some countries than others. It will also be noticed that all except one of my cases are males. It is generally stated that the majority are women. In the record I think many cases of children have been included. It must be remembered that the diet of farmers is often very monotonous; pork is often the only form of flesh used. It is a question whether the constant irritation of the nerves of the stomach by indigestible food may not produce an effect on the sympathetic system which reacts in lowering the condition of the blood.

only one the three worst cases
~~X~~ *Morbid anatomy and pathology.* ~~the~~ ~~fatal cases, in only one~~ a post-mortem was made. In it the lesions found were very similar to those found in Addison's disease. In it there was a complete absence of bronzing of skin and the symptoms were typical of pernicious anæmia as described by Biermer, etc. There is no doubt but that a number of cases have been grouped together under the head of essential or idiopathic anæmia, in ~~which~~ *ich* the condition of the blood has arisen from different causes. There is however, in my opinion one set of cases which closely resemble Addison's disease, and it is possible that the initial lesion may be identical. The first and last cases given are examples of this point, and it is probable that Pepper of Philadelphia was correct in classing them together.

~~X~~ *Clinical History.*—Nothing of interest is shown different from that of previously recorded cases. At least five of them present typical histories. One might have been obscure malignant disease, and the sixth might have been of similar nature to chlorosis. Coupland however classes chlorosis and idiopathic anæmia together.

gnosis & prognosis
~~X~~ As above stated the diagnosis of five of the cases given is sufficiently plain, even if one adheres to the rigid lines drawn by

Dr. Pye Smith in his recent article in Guy's hospital reports. *The*

~~X~~ *Prognosis* should be given with care. I am of opinion that there is one class of cases necessarily fatal, but that so far we are not able to diagnose them from others in whom the lesion appears to be of a temporary nature. The number of fatal cases are largely in the majority of those recorded. In 130 cases given by Pye Smith, only twenty recovered. It is remarkable, that, in a great number of cases, there are periods of improvement followed by relapses.

~~X~~ *Treatment.*—The only internal remedy which has been found of benefit is arsenic. This has usually been given in Fowler's solution, but may be administered in pills as in the last case given.

It is of great importance to administer such nourishment as can be taken up and assimilated by the system. Case VII. would have succumbed in all probability had it not been for koumyss, on which he almost entirely depended for three weeks. It might be well here to draw the attention of the profession to the value of this form of nourishment. I have used it when nothing else would be tolerated by the stomach, and I am confident that in two cases at least it was largely instrumental in saving life.

It would appear that in some form of idiopathic anæmia the disease is of a more or less self-limited character, and if the system can be sustained until the crisis is past, recovery takes place rapidly.

After all the question still remains to be solved, where is the primary lesion in pernicious anæmia? Upon this we can only theorize, as there is as yet no solid basis made out by microscopical examination. Theories are often, however, useful in directing clinical and pathological investigation into channels which lead to the ultimate goal of fact and demonstration.

From the study of my own cases, and after reading carefully the histories of most