

**Pernicious Anemia; Its Definition And Treatment.**

E. Grawitz, Berlin, states that the term pernicious anemia includes such very grave forms of anemia as arise without any recognizable organic affection and without parasitic influences, as the result of a specific injury involving the red blood corpuscles. The most important and frequent cause is intestinal intoxication, in which a primary lack of free hydrochloric acid in the stomach plays an important part. This deficiency enables bacteria that are swallowed to find a good culture medium in the albuminous substances of the ingesta without being hindered in their development by the influence of hydrochloric acid. Hemolytic toxic substances are thus produced. The treatment of this condition is in the main dietetic, consisting chiefly in the avoidance of animal albumin. For purposes of disinfection, regular lavage of the stomach and irrigation of the bowel are resorted to. Later the arsenic treatment is carried out by the injection of a neutral one per cent. solution of sodium arsenate in increasing doses from one milligram to one centigram daily.—*Ex.*

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**The Treatment Of The Acute Stage Of**

**Poliomyelitis.** H. M. McClanahan, A. M., Omaha (*Journal A. M. A.*, October 22), discusses this subject in detail. He says that treatment of the acute stage has received scant consideration. If we can do nothing to modify the disease, certainly we can do something for the patient, and until specific treatment is discovered it is the duty of the physician to institute proper treatment to meet the indications in the average case. Isolation of the patient can do no harm to the individual and may protect others in the family. To my mind it is more important than rigid quarantine. The advice of the family physician is usually accepted, hence if

he advises the mother at once to isolate the patient he has adopted the best measure to prevent the extension of the disease to others. If a mistake in diagnosis is made no harm can possibly result. If during local epidemics of this disease, such as prevailed in 1909 in Nebraska and during 1910 in Iowa, physicians everywhere would adopt this course many cases might be saved from exposure.

The important principle of treatment is elimination. This includes thorough depurative action on the bowels, for which McClanahan recommends castor oil, the ingestion of a liberal amount of fluid to promote excretion from the kidneys, the use of remedies to stimulate diaphoresis, a liquid nourishing diet and proper regulation of the temperature and ventilation of the room.

If the child refuses to drink enough liquid to keep up free elimination from the kidneys, then warm salines by the bowels should be given. To stimulate the skin nothing equals a hot pack. This is also of benefit in the polyneuritic type. If properly applied this is agreeable to the child and it is always important to have the child's voluntary cooperation. A soft, white blanket, lightly wrung out of hot water (if there is evidence of stupor it should be wrung out of mustard water), is wrapped snugly about the child. A dry blanket should be wrapped over this—not a muslin sheet which absorbs water. The child should be encouraged to drink while in the pack. Some children will drink freely of grape-juice when they will not take water. When removed from the pack they should be gently rubbed dry and placed between blankets until perspiration has ceased.

The diet during the acute stage includes milk, plain, diluted or modified; buttermilk, broths, and, if there is much gas, some of the modified cereals, sometimes a poached egg, toast when properly made and fruit juices. Toast