

the returning of iron to the body fluids and blood pressure to be reestablished and for some amount of regeneration of blood to take place. Infants and young children bear the effects of hemorrhage badly, but in the cases which survive regeneration is very rapid after two or three days.

Elderly and weakly persons will obviously be worse subjects for a hemorrhage than the middle-aged and robust.

In cases which do badly, the appetite drops, entirely fails, there is nausea and sometimes sickness. The heart beats feebly and irregularly, fainting occurs, with or without change of posture, and fatal syncope ensues. Patients are querulous and irritable and permanent damage may be done to the nervous system. Among the most distressing consequences is blindness, sometimes due to optic neuritis, sometimes to no discoverable lesion. The loss of vision is usually partial, and may be either a general amblyopia, or a scotoma, often central. Such results are fortunately very rare.

It is sometimes asked how much blood can be lost without a fatal issue ensuing. This question can hardly be answered; so much depends upon the suddenness of the hemorrhage and the age and strength of the patient. It may be said that if a robust adult is still alive by the time a hemorrhage is arrested, the chances are greatly in favour of his complete recovery.

We can recollect the case of a housemaid who was suddenly the subject of a large hematemesis. This was repeated the following day. A blood examination showed red corpuscles 100,000 per c.mm.; haemoglobin something immeasurably low—less than 5 per cent. This case gave rise to great anxiety for several days, but the patient made an uneventful recovery. We hardly expect ever to see this case paralleled.

The rate of blood-regeneration varies with the severity of the blood-loss and the condition of the patient. A robust patient will replace a blood loss of 30 to 50 per cent in a month or six weeks. Several months might elapse before such a hemorrhage was made good in an elderly or weakly person.

It is often desirable to know the limits of anaemia which justify surgical intervention. Mikulicz long ago laid it down that operations should not be performed when the haemoglobin percentage was under 30. This appears to us to be as just and reasonable as any arbitrary rule in medicine can be. The cases where operation is demanded are chiefly those in which the operation is calculated to arrest hemorrhage. We can quote the following. In one instance hysterectomy was performed for bleeding fibroids after the haemoglobin percentage had fallen to 21. In another such case, the blood-examination before the operation revealed red corpuscles 2,000 = 0, haemoglobin 30 per cent, leucocytes 15,000. A fortnight later the corresponding figures were 2,000,000, 50, and 7,500. It should be remembered that, in skilful hands, hysterectomy is practically a bloodless operation.

The blood examination may give some guidance to the eventual outcome of hemorrhage. A leucocytosis beginning from eight to twelve