A Case of Fatal Anaemia.

absence of signs of such, and the dose was comparatively small. Further, microscopic examination of the liver and kidneys shows no signs of degeneration, nor indeed was there time for its development. Mr. Wm. Caldwell, Trinity College, Dublin, kindly examined the liver for traces of arsenic, but failed to find any. I am, therefore, forced to fall back upon some form of vital phenomenon, and the most attractive seems to be what I think is known as the "Wolff-Eisner" phenomenon, i.e., where the sudden destruction of large numbers of parasites sets free a poisonous dose of toxin. Some such explanation would, at any rate, agree with the rapid onset of severe symptoms and with the general character of the fatal termination.

ART. IX.—A Case of Fatal Anaemia.* By George Peacocke, M.D., F.R.C.P.I.; Physician, Adelaide Hospital, Dublin.

J. S., age forty-three years, a farmer, came under my care in August, 1913, suffering from anaemia, with severe digestive symptoms.

He had been a healthy man all his life, until the previous February, when he noticed that he got easily tired, had not the same strength as formerly, was losing colour, and suffered from pain after taking food, followed by vomiting.

Under the care of his doctor in the country he improved very much, and after a short holiday away from home returned sufficiently well to be able to resume his occupation. He was not, however, as strong as he had been previous to the commencement of his illness, and before long his old symptoms returned, and gradually getting worse he came up to town for further advice.

When I saw him he was very pale, thin, but not emaciated. The skin of his abdomen, chest and back, especially the lower part of his abdomen, was dark in colour—rather more black than brown. His face had a faintly yellowish tinge, but neither it or the hands showed any pigmentation.

His symptoms were great muscular weakness, vomiting,

* Read before the Section of Medicine in the Royal Academy of Medicine in Ireland on Friday, January 30, 1914.
constipation, and pain referred to the lower costal margin on the left side. Examination of the thorax showed the lungs healthy, heart sounds feeble, but no evidence of organic disease. There was a soft systolic murmur audible over the base of the heart, evidently hæmætic. His pulse was small and feeble, low tension, and varied in rate from 80 to 100 per minute.

Throughout his illness his temperature was at times slightly elevated, but on no occasion did it exceed 100°F.

His abdomen was rather flat but extremely rigid, and owing to this latter sign I was unable ever to make a satisfactory examination of the abdominal organs. There was no tenderness to pressure, and no visible signs of tumour.

I withdrew the contents of his stomach an hour after a test meal and found complete absence of HCl. For some weeks vomiting persisted—little food was able to be retained and drugs seemed to have no effect in checking it, but for no apparent reason it gradually became less, and he was able to take some solid food.

Constipation was most pronounced. No purgative medicines, except large doses of castor oil, had any effect, and enemata were often failures.

On a few occasions short and rather severe attacks of diarrhoea would occur, only to be followed by a return of constipation. His urine was normal in colour, alkaline on most occasions to litmus paper, contained a faint trace of albumen, but no tube casts.

A blood examination, made by Dr. Adrian Stokes, gave the following results:—

Erythrocytes—2,400,000 per cb. mm.
Leucocytes—3000.
Hæmoglobin—28 per cent.
Colour Index—.56.
Poikilocytes were present.
No polychromatophilia or nucleated red cells.

Though he stated he had suffered for some time past from hæmorrhoids there was never any trace of blood in the motions. There was also no blood detected in the vomited material.

There is nothing further to relate about the case. He gradually became weaker, more anæmic, lost flesh, mentally