

OUR PRIZE COMPETITION.

WHAT IS PERNICIOUS ANÆMIA? HOW HAVE YOU SEEN IT TREATED?

We have pleasure in awarding the prize this week to Miss Alice M. Burns, East Suffolk and Ipswich Hospital, Ipswich.

PRIZE PAPER.

Pernicious anæmia is a somewhat obscure disease of the blood. It resembles simple anæmia in that it produces the symptoms of unhealthy pallor, breathlessness, languor, debility, and constipation, and differs from it in that it is associated with a diminution and also enucleation of the red blood corpuscles which would seem to destroy their capacity for holding iron and attracting oxygen, for iron, so valuable in the treatment of simple anæmia, is of no avail in these cases.

The disease is a very insidious one, and said to be invariably fatal, though periods of improvement may be looked for.

How I have seen it treated:—(1) Drugs, (2) bone marrow, (3) rest, (4) good food, (5) fresh air.

(1) We give first place to drugs, and one drug—arsenic—because they would seem to arrest the destruction of the blood elements. It may be given as a simple mixture, but is now usually given by either intravenous or intramuscular injection in the form of Salvarsan or its English substitute Galyl (20 to 40 c.c.gs.).

(2) Bone marrow is looked upon as a source of supply of new red blood corpuscles, and is often given in sandwiches.

(3) Rest is essential, in the later stages in bed. The heart is always overtaxed in these cases, and may give out under strain.

(4) Good food of an easily digested character should be abundant, and the patient's appetite fostered, although unfortunately in the nature of the disease he cannot take advantage of all he eats.

One investigator has discovered that the blood destruction is greatly diminished by the use of a farinaceous diet and increased by nitrogenous foods.

(5) I have placed fresh air last because, since the blood is deficient in hæmoglobin and iron, the patient can only derive a minimum of benefit from oxygen, yet it goes without saying that he should be placed in a position to obtain that minimum without loss of time.

These patients come to suffer great exhaustion and emaciation, and require unwearying care in the keeping of the bed clean and the skin whole, and the relieving of painful symptoms which are the outcome of their enfeebled conditions.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Ethel E. Hall, Miss E. F. Thompson, Miss M. Robinson, Miss B. James, Miss A. M. M. Cullen. Miss Ethel Hall writes:

It is probable that a group of diseases are collected together and called pernicious anæmia because the blood changes are similar in all of them. The usual type is generally fatal, and may occur both in men and women after the age at which chlorosis is common; and its chief characteristic is failure to improve under iron, which often proves of benefit in ordinary anæmia. The cause of it is not yet known, but it follows many conditions in which the system is depressed either physically or mentally.

The disease is a very insidious one, the patient gradually becoming weak and bloodless, and the colour of the skin is yellowish, the mucous membranes are also pale, there is marked shortness of breath on exertion, due to the fact that there is but little hæmoglobin to carry oxygen to the tissues, the blood thus requiring much more aeration in the lungs than usual. There is often severe and distressing palpitation of the heart, and the sufferer is feeble, languid, and incapable of physical or mental exertion of any kind. Constipation is often a marked feature, also pain after food, with constant attacks of diarrhoea and vomiting, or both, but there is no marked wasting. There is often fever, the urine is dark in colour, and there may be tenderness of the bones. Changes also occur in the retina, and death usually ensues from exhaustion. Another special feature is the inability to hæmorrhages.

QUESTION FOR NEXT WEEK.

What point would you observe in paying an ante-natal visit to an expectant mother? What would you impress upon the patient?

RECTAL FEEDING.

An article on this subject in the *Journal of the American Medical Association* says that as there is no proof that the colon possesses adequate digestive capacity, all food introduced by way of the rectum should be completely pre-digested. Flesh and eggs are undesirable because of their tendency to putrefy. Milk is comparatively free from this disadvantage, and appears to be the ideal source of protein for a nutritive enema. It should be fresh and un-boiled, thoroughly peptonized and pancreatized. It should be skimmed, as fat introduced into the colon is useless and may be harmful. Glucose in solution supplies carbohydrate in an available form. Strained fruit juice may supply desirable salts to a limited extent.

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