



MAKES ADJUSTMENT—Stephen B. Gray, engineering specialist at Sylvania's Applied Research Laboratory at Waltham, Mass., makes an adjustment on a high-speed electronic print "reader" which has been developed to recognize many styles of printed and typed material and automatically converts what it "sees" into punched cards or tapes. The machine, which performs without error at the rate of 700 characters per second has been tested at speeds up to 20,000 characters per second. (UPI)

The Medical Roundup

by *Walter Alvarez*

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(Register and Tribune Syndicate,
1962)

Apparently many people are still interested in knowing about anemia, even after my recent article, because many are now asking me how they can tell what type of anemia they have, and what they can do about it. The important point to know about anemia is that there are two main types; the primary and the secondary. The old name for the principal primary anemia was pernicious anemia. It was pernicious, because in the days before we knew about liver extract and vitamin B12, all of the patients eventually perished out and died.

Some persons afflicted with the pernicious form of anemia suffer with numbness and tingling and (if not properly treated) eventual weakness in their legs. Quite a few know of near relatives who apparently or definitely died of the disease. Some patients started to get gray when they were in high school. Often in these cases, a neurologist, after checking the nerves in the legs, can say that the disease is a primary anemia.

Often, also, a good laboratory man with one glance at a stained smear of the blood can say "This is pernicious anemia, because so many of the red blood cells are extra large and unusually red." In the cells, there is an abnormal amount of hemoglobin (the red coloring matter of the blood). The percentage of hemoglobin is higher than the percentage of red cells left in the blood.

Would Pump Stomachs.

Many a mother who has suffered with pernicious anemia writes to say, "I am now worrying myself sick wondering which of my four children will get the family disease. Please help me to tell how I can find out which ones I do not have to worry about." If I were to see these children, I would have their little stomachs pumped out, and perhaps in three I would find a normally acid gastric juice.

4-H NEWS

Reese Creek Renegades

The meeting of the Reese Creek Renegades 4-H club was held Dec. 11 at the home of Mr. and Mrs. George Allen. There were 13 members, nine parents, and three visitors present. Visitors were Louise Schoof and sons, Kirby and Tony.

We had a report on our community project. We discussed livestock judging and were told to study for a test next meeting.

We exchanged Christmas gifts and played games. Mrs. Allen served refreshments. The next meeting will be held Jan. 9, at the Gardner home.

Debbie Phillips,
Reporter.

Those three children I would feel hopeful about; I would doubt if they have inherited the tendency to a primary anemia. But the one child who perhaps had an almost dry stomach, with almost no gastric juice in it, is the one who some day may get a pernicious anemia. If he were my child, I certainly would have his blood examined once each year, and at the first sign of a hyperchromic (excessive coloration) anemia, or tingling in his legs, I would give him each month a pill containing a very tiny dose of the very important vitamin B12.

The commoner form of anemia is the secondary one which is due to the frequent loss of blood, such as from bleeding piles, or a cancer of the rectum — the large right side of the colon (large bowel), or a cancer of the upper end of the stomach.

In the case of many women, a secondary anemia is produced by an excessive menstrual flow each month. So much blood is then lost that the woman cannot build it all back in the next 21 days. Some of these women have a knob of muscle (fibroid) on their womb which is keeping up this heavy flow and hence it may have to be removed by a surgeon.

In the case of a secondary anemia, the red blood cells have less hemoglobin (red coloring matter) than they should have, and the red cells tend to be smaller than normal. To help the patient with a secondary anemia, the physician should give iron and not B12. Blood specialists keep telling us this, but for some curious reason most of us doctors keep giving B12.

Both iron and B12 can usually be given by mouth; they do not have to be given by hypodermically. In cases of mild anemia, transfusions should never be given because there is the small chance that even one transfusion could cause a serious serum hepatitis or inflammation of the liver. This can cause months of illness and occasionally death. Encephalitis.

It saddens me when a mother writes to ask if something can be done for her child who perhaps after a bad attack of measles had an attack of encephalitis (brain fever) and is now mentally slow. Unfortunately, when the disease has been present for two or three years without improvement, I cannot give much hope. I don't know of any definite treatment for the child, except to train him to do as much as he can with his handicapped brain.

Skin troubles, colds, coughs and many other symptoms can suggest allergies. You may find it easier to determine the cause of such allergies if you read Dr. Alvarez' booklet on the subject. You may obtain it by sending 25 cents and a self-addressed stamped envelope with your request for it to Dr. Walter C. Alvarez, Dept. MMT, The Register and Tribune Syndicate, Box 937, Des Moines 4, Iowa.

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22

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