So far as the intrinsic factor is concerned, it was observed that these 2 infants had no free hydrochloric acid in their gastric contents even after administration of 0.1 mg. histamine per kilogram intramuscularly. Months after the anemia had been treated with liver extract there was an abundance of free hydrochloric acid excreted in the stomach after injection of histamine (equivalent to approximately 30 cc. of tenth-normal sodium hydroxide solution per hundred cubic centimeters of gastric juice in each infant).

Experiments are in progress to determine the role of extrinsic factor as well as the other aforementioned considerations.

Influence of Pteroylglutamic Acid on Tyrosine Metabolism in the Scorbutic Guinea Pig. Dr. Calvin W. Woodruff (by invitation) and Dr. William J. Darby (by invitation), Nashville, Tenn.

Albino guinea pigs weighing about 300 Gm. were placed on a scorbutogenic diet containing 5 per cent *l*-tyrosine. The resulting hydroxyphenyluria disappeared following the administration of 1 to 15 mg. of pteroylglutamic acid daily either subcutaneously or orally. This response was similar to that seen following administration of ascorbic acid. Hydroxyphenyluria could also be prevented by either vitamin. Homogentisic acid was excreted in significant amounts in only 1 of 8 animals studied. These studies suggest that pteroylglutamic acid may play a role in tyrosine metabolism.

Relationship of Anemia and Scurvy. Dr. Wolf W. Zuelzer, Dr. Lucile Hutaff (by invitation) and Dr. Leonard Apt (by invitation), Detroit.

Thirty-six cases of infantile scurvy were studied with the purpose of investigating the relation between vitamin C deficiency and anemia. The criteria for scurvy used were the roentgenologic features of the skeleton, the Kajdi vitamin C indexes, the hematologic studies, including daily blood counts and reticulocyte counts, bone marrow studies before and after treatment, and, in a few cases, serum iron levels. The anemia usually noted in cases of scurvy does not present a uniform picture. Macrocytic, normocytic, normochromic and microcytic hypochromic pictures were observed with corresponding bone marrow patterns. Correlation of the clinical and hematologic features indicated that the anemia found in scurvy represents a variety of mechanisms; namely, (1) response to hemorrhage, (2) infection, (3) coexisting specific deficiencies, such as liver principle deficiency in megaloblastic anemia and iron deficiency. It could be shown that in the presence of continued vitamin C deficiency good hemopoietic responses were obtained with folic acid when the marrow pattern was megaloblastic, but no secondary reticulocyte response following the subsequent administration of vitamin C was noted. Conversely, in the presence of liver principle deficiency, vitamin C alone did not effect a hematologic response until liver or folic acid was given. Similarly, the administration of vitamin C did not cure the anemia when it was of the iron deficiency type.

The results indicate that vitamin C deficiency per se does not lead to anemia and that vitamin C is not a specific hemopoietic factor, contrary to often quoted statements in the literature based on inadequate observations.

Response of Congenital Hypoplastic Anemia to Short Wave Diathermy. Dr. E. N. Nelson (by invitation) and Dr. R. A. Aldrich (by invitation), Minneapolis.

Chronic hypoplastic anemia is characterized by a specific depression or lack of development in the erythroid series without a corresponding diminution of the