It was a hot Friday evening, July 26, 1957. Outside this north Philadelphia hospital one could barely discern the statue of the city’s founder, Quaker William Penn, perched atop City Hall. Inside its emergency room the constant din of vehicular traffic intermixed with the “whalin’ pound of sound” emanating from WIBG’s disk jockey, spinning his rock ‘n roll records. As expected, the ER was packed. After all, Friday was payday and celebrants often needed medical care, which recent medical school graduate Nick Calibresi felt privileged to provide. Moving between rooms, Nick had already seen: 3-year-old R., who recently had ingested an unknown number of mother’s “iron pills,” for whom he would prescribe syrup of Ipecac as a precautionary measure; 47-year-old Mr. G., presenting with epigastric distress and intractable singultus after enjoying his paper-bag-ensheathed grape juice, who would be given prochlorperazine; Mrs. H., a 28-year-old floor nurse who had experienced painful torticollis several hours after taking prochlorperazine for nausea, was given diphenhydramine with prompt relief; and 19-year-old Miss X. with her right lower quadrant discomfort and dyspareunia of several weeks duration, who sought medical attention prior to a big block party in her neighborhood.

Drawing back the curtain to Room 7, he found Miss F., an 18-year-old holding a sobbing, pale-appearing 20-month-old male infant. According to mother, this, her second baby, preferred store-bought formula over breast feeding, but now had even lost his appetite for same; he had become listless and recently breathing seemed labored. Labor and delivery were uncomplicated. Mother complained that the city had treated her tenement to ward off rats and roaches when what it really needed was maintenance given that paint was constantly falling from the ceiling near baby’s bed. Vital signs were 120/50, pulse 140 and regular, 32 bpm, afebrile. Nailbeds and conjunctiva were pale, apical impulse was displaced leftward, and a ventricular gallop sound was audible. Just as Nick finished his examination, and noting no other pertinent findings, he was interrupted by nurse Collins. She anxiously reported that a patient with a penetrating knife wound to the thorax had just arrived, delivered by one the city’s red and white paddy wagons, and his immediate attention was required in treatment room B. Nick quickly ordered several laboratory tests for the baby and assured Miss F. that all would likely be treatable and reversible without hospitalization. Was Calibresi stretching the evidence?

**Answer**

Hemoglobin 5.1 g/dl; no basophilic stippling; reduced reticulocyte count; serum iron 28 μg/dl and iron-binding capacity 405 μg/dl. Chest X-ray confirmed the presence of cardiomegaly. Chronic iron deficiency anemia in children, in this case due to mother’s poor nutrition following her first pregnancy and secondary to deficient in fortified iron, and associated with a decline in hemoglobin to < 7 g/dl, is accompanied by increased plasma volume and cardiac output (and venous return) with subsequent dilatation and hypertrophy of both atria and ventricles. Iron supplementation corrects the anemia and is accompanied by a regression in heart size and mass and normalization of function. Nick would ponder why increased stretch of cardiac myocytes leads to their hypertrophic growth. As a corollary, how is it that when anemia is corrected and ventricular volume returns to normal, myocyte length will likewise be normalized?