proteins and although there are no exact statistics, colleagues who concentrate on private practice have reported up to 40% coronary heart disease among their patients.

Discussion and Conclusion

This survey has covered a population with habits which contain large quantities of carbohydrates. The major form of disease appears to be rheumatic endocarditis with rather low incidence of coronary heart disease. The number of chronic forms of rheumatic heart disease and congenital heart disease may appear excessive but the excess we consider to be due to the better equipment and modern facilities for investigation and treatment, especially surgical treatment at the University Department of Cardiology, and treatment takes place in the general hospitals.

From the Registrar General's death records in Tehran, it appears that as a whole the death rate from heart disease is on the increase with the introduction. Regrettably the Registrar General's records do not give accurate information regarding the form of heart that has caused the death.

We can however to some extent conclude the number of rheumatic heart disease cases, although large, has not increased over the years as shown by the graph demonstrating the cases admitted and deaths from the disease in the Children's Department.

Taking this into consideration we would like to end by stating that the increase in cardiac deaths is due to ischemic heart disease.

REFERENCES

1. Department of Cardiology, University of Teheran, records of patients between 1957-67.
2. Children's Department, University of Teheran, records of patients 1962-67.
3. Epidemiology of Rheumatic fever and rheumatic heart disease, Institute of Public Health Research, Dr M. Danesh-Pajoo
5. Autopsy data from the Department of Cardiology, University of Teheran, 1966-58.
6. Epidemiology of Heart Disease in Iran, Dr M. Abolfotooh, Dr P. Ala (Paper presented to the V Asian-Pacific Congress of Cardiology Israel)
7. Epidemiology of Heart Disease in Teheran, Dr P. Ala, Dr M. Abolfotooh, Professor G. R. Shelkh, 1964 (printed apart)
The light microscopic appearance of the glomeruli in patient with iron deficiency anemia, highpower).

Proliferation of the glomeruli tuft which is more pronounced in the epithelial cells with edema and adherence of Bowman capsule.
Proliferation of epithelial cells of the glomeruli were seen in all biopsies. This proliferation was so pronounced in places that it was filling the Bowman capsules and appeared to be adherent to it. Endothelial proliferation was not seen. Slight edema and adherence of Bowman capsule were noticed.

**DISCUSSION**

The changes of kidneys during iron deficiency anemia according to my knowledge were not reported in the literature. My findings show marked proliferation of the epithelial cells in the glomeruli. The cause of proliferation can not be determined, but because kidney is a part of blood forming organ during fetal period this proliferation may be a part stimulation of extra bone marrow blood forming system in the adult because of severe anemia. This speculation needs to be clarified.

**SUMMARY**

In 6 patients with iron deficiency anemia the proliferation of epithelial cells of glomeruli were prominent associated with edema and adherence of Bowman’s capsule in kidney biopsy, the cause of proliferation is not known.

**RESUME**

La biopsie renale chez 6 malades atteint d’anemie ferruripve montrait la proliferation des cellules epitheliales des glomérules remplissant l’espace de la capsule de Bowman accompagne d’oeedeme et adherence de cette derniere. La cause des ces proliferation n’est pas connu.

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**REFERENCES**

1. Wintrobe, Clinical Hematology, 5th Edition
2. Car wright; Diagnostic laboratory hematology.
5. Rubine; Nephrologie clinic 1960