

women to supply a deficiency of erythrocytes or hemoglobin, one might infer at first thought that the best method would be to administer hemoglobin, that is, blood in some form. Chemistry proves, however, that when hemoglobin is taken into the stomach it is changed by the acid there to hematin (causing the coffee-ground color of small gastric hemorrhages), which, according to Cloetta, passes down the alimentary tract without being absorbed.

Most authorities conclude that inorganic compounds of iron in order to be absorbed must first be changed to albuminates by combining with food matters. All albuminous substances are hydrolyzed to peptons before they are capable of absorption. Hence it follows that a peptonate of iron is the preparation most likely to be readily and completely absorbed and assimilated. The best remedy of this composition, I think, is Gude's Pepto-Mangan, which I have used for the past ten years with great satisfaction, particularly in the hemic and nutritive disorders of female puberty.

This neutral solution contains three grains of iron and one grain of manganese in each tablespoonful. The latter ingredient is doubtless to be credited with a large part of the nearly specific effect of the remedy in functional menstrual derangements. The preparation is pleasant to the eye, agreeable to the palate, and has the great advantage over inorganic iron compounds of not corroding the teeth, deranging digestion nor inducing constipation. According to the nature and severity of the case, the dose varies from a teaspoonful to a tablespoonful. It is well taken in milk or sherry just after meals.

The following brief clinical notes may serve to illustrate the facts above stated. The blood count in each instance was made with the Thoma-Zeiss hemacytometer; hemoglobin was calculated by the Hammerschlag specific gravity method. I need hardly remark that the blood findings at the altitude of Denver are normally higher than at points near sea level.

CASE 1.—Jose K., 15 years, thin, delicate and somewhat strumous, had menstruated irregularly and intermittently for sixteen months; erythrocytes 3,600,000, hemoglobin 58 per cent. She was taken out of school, put on a diet largely protein, given aloin, strychnin and belladonna pills for her bowels, and for her blood, Pepto-Mangan (Gude), a dessertspoonful four times daily after eating. Under this treatment she made an average weekly gain of 1½ pounds in weight, about 150,000 red cells and 3½ per cent. hemoglobin, and was discharged cured in ten weeks.

CASE 2.—Alice R., 18 years, rather stout but pale, with greenish tinge; complained of palpitation and breathlessness on slight exertion; menstruation barely begun and scanty. She