

could climb with much greater ease and comfort. He has also used it in patients suffering from dyspnœa, and found it act well. In the same number of the *Ber. Klin. Woch.*, Berthold recommends it highly. Flint\* has used it with success also.

#### HÆMATINICS.

Since the discovery of exact methods of estimating the number of corpuscles and the quantity of hæmoglobin, we have made some advance at least in knowing how it is that some drugs, as iron, arsenic, etc., act. We are able to estimate the changes that the blood cells and their colouring matter undergo in disease, and we can tell what our therapeutic agents are doing. Hoppe-Seyler and Preyer have shown that one atom of iron fixes two of oxygen. The following factors have to be considered: 1. The number of red cells contained in a unit of volume. 2. Quantity of hæmoglobin contained in the same unit. 3. Individual value of the corpuscles. 4. The number of white globules. 5. The number of hematoblasts.

Of all the hæmatinics, iron still maintains, as it has always maintained, the pre-eminence as a blood restorer. There are three hypotheses as to its mode of entrance into the blood: 1. Direct entrance of iron into the blood under the form of an inorganic salt and its combination with the albuminous substances of the blood. 2. Combination of the iron and the albuminates in the stomach and intestines before absorption. 3. Absorption, by these two methods combined.

E. Wild has recently shown that iron is absorbed from the stomach and intestines and then thrown out into the intestines. This explains the fact that sometimes as much iron can be found excreted through the fœces as was taken in altogether. According to Hayem† (*De la Médication Ferrugineuse*), there are two periods in the regeneration of blood by iron. During the first the iron appears to excite the formation of the globules. Then we have new globules, containing but little hæmoglobin;

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\* *Medical Record*.

† *Bulletin Général de Thérapeutique*, p. 289, 1881.