

THE MODERN MANAGEMENT OF MALARIAL ANEMIA.—One of the most obstinate forms of anemia with which the physician has to contend is that which succeeds malarial infection. This particular form of anemia is, unquestionably, due directly to the structural changes induced by the protozoon parasite. While a mild form of anemia is a common, if not invariable, consequence of malarial infection, there is a severe type, termed *malarial anemia*, which not infrequently occurs. This latter variety usually responds slowly to curative measures; and, since its existence renders the individual a fit subject for recurring malarial manifestations upon the slightest exposure, the importance of its cure cannot be too strongly emphasized. The doctrine of the latency of malarial poisoning in the human body is rapidly gaining in popularity. Some authorities even go so far as to claim that a person who has once been inoculated with the malarial protozoa never completely recovers. Whether this be true or not, it is certain that the protozoon parasite does exert an influence which tends, for a great length of time, to lower vitality and render feeble the powers of resistance to renewed attacks. This is especially true in the case of women, children and persons of advanced age. Recent investigators unite in ascribing the cause of *malaria anemia* to the liberation of hemoglobin from the red corpuscles in the blood vessels. The pigmentation resulting from this liberation of hemoglobin is one of the characteristic of malarial infection. And while the coloring matter may remain in the blood stream, it usually infiltrates into the cells and neighboring tissues. The deposit of pigment is especially great throughout the tissue of the liver and spleen. The thickening and softening of the mucous membrane of the stomach, which always attends malarial infection, seems likely to contribute, at least to some extent, to the development of anemia. In every instance the degree of the anemia is in direct ratio to the amount of the hemoglobin liberated from the red corpuscles. And this fact explains the philosophy of effecting repair by the administration of iron, the hemoglobin-contributor. Whether or not the protozoon parasite is ever completely eliminated from the economy remains an unanswered question. But it is now universally conceded that the protracted administration of iron does render the individual partly, if not completely, exempt from a return of malaria manifestations of an aggravated type. Far more so, in fact, than does quinine. Indeed, we have good cause to believe that iron does exert a destructive influence upon the malarial protozoa and increases the immunity of the individual. While it is the chief aim of the physician