a 25 per cent. solution. Upon the continent it is largely administered by subcutaneous or intramuscular injection; if it could be used only by this method it would commend itself to few, but, among others, Dr. Stopford Taylor and Dr. MacKenna, of the Liverpool Skin Hospital, have watched the results of giving it by the mouth, and they find them excellent. Some very severe cases of tertiary syphilis were thus treated by them, with rapid improvement in the condition. They prescribed 30 min. of 25 per cent. iodipin in milk, three times a day, about two hours after food. In twelve days, after taking 1 1-2 oz. of iodipin altogether, the lesions, previously very severe, were upon the high road to being healed.

They find that whereas potassium iodide is very rapidly eliminated from the body, particularly in the urine, iodipin is thus lost much more slowly; even two months after the last dose iodine has still been found in the urine. This slow elimination is possibly one of the chief causes of its efficacy; in any case, no symptoms of iodism, and no depression is observed, and the patients gain, rather than lose, flesh.—*The Hospital*, July 6, 1907.

Post-Hemorrhagic Anemia.

The anemia which follows the hemorrhages of trauma, gastric or intestinal ulcers, severe epistaxis, child-birth, profuse menstruation or hemorrhoids presents a clinical picture that is so well known that it requires no description.

Examination of the blood immediately after a severe hemorrhage usually shows no apparent change in its number of corpuscles, for the portion lost withdrew the blood as a whole, and the portion remaining in the body, while decreased in volume, will be found to contain a normal ration of the fluid and cells. Shortly after a hemorrhage, however, the tissues of the body give up large quantities of fluid to restore the necessary volume of the blood, and a condition of true hydremia ensues. Examination of the blood three or four hours after a severe hemorrhage, therefore, shows a very marked oligocythema. Reconstruction must now take place, and the response to the bodily demand is sometimes remarkably prompt, but in most instances it is a hard up-hill fight. This is to be expected, for the disproportion between the cells and the fluid elements of the blood, and the essential depression of all vital functions, makes recuperation a difficult process at best.

Much can be done, however, to assist the body in its efforts to restore normal conditions. The first and most essential re-