

So that if it be, as undoubtedly it is, an improver of impoverished blood it must have some more remote action than that of a simple restorative. But the objection runs yet further:—Deficient hæmatosine constitutes but one of the errors in the morbid state of the blood in which these medicines are useful; there are simultaneous changes in the water, albumen, etc., and, as these are equally remedied with the former, there is still greater impropriety in signalizing one in particular as the exponent of the medicine's action, and consequently of its character and power. No name in use hitherto correctly designates agents of this kind. The only remaining one after the former is hæmatic; but this implies a medicine acting either upon or through the blood, and embraces within its enclosure various and diverse other classes besides the present, as the anti-scorbutic, anti-syphilitic. If a term were to be constructed in unison with these latter, and which should precisely express the end obtained by the medicine, then anti-spanæmic appears to me to be more accurate than any other,—spanæmia being a well-known name for poverty of the blood, and anti signifying the means which should be used against it.

The exact powers of these medicines should be clearly understood. Anti-spanæmics are not indicated in *cræmia*. They distinguish between spanæmia and *anæmia*; for while serviceable in the former, they are improper in the latter. They are blood correctors, not blood makers. Although able to rectify qualitative alterations, they are incapable of making up any deficiency that exists in the absolute quantity of blood. They are, therefore, to be withheld in bloodlessness arising immediately after a great hæmorrhage, in which condition, according to Beau, the pulse is small, and no arterial bruit is audible. In such a case their place is most appropriately supplied by means calculated to suspend the exhausting drain and to afford a supply of sound pabulum vitæ; of the latter measures, good food and other alimentary auxiliaries will be the most efficient.

A less common mistake to commit than the last, is to consider them indicated in spanæmia generally, or, what means the same conventionally, in *anæmia* not produced by direct losses of blood. Whenever certain general symptoms, such as pallor of the skin, blanched aspect of the mucous membranes, feebleness, and the discharge of the functions of the body in a weak, imperfect manner are present, and they have not been preceded by hæmorrhage, anti-spanæmics are believed to be appropriate. But this is a grand error. The legitimate use of these remedies is, in reality, very restricted; for with one exception they are either directly contra-indicated, or indirectly avoided, in all cases popularly suggesting their employment. The mere outward appearance is no token: we must look