

and to these during the child-bearing period. As is well known, chlorosis is hardly a true anæmia, inasmuch as it consists rather of a decrease of hæmoglobin than any marked or constant diminution in either the corpuscles or mass of the blood. There is a true anæmia, however, which occurs at or about puberty and is common to both sexes. This may properly be spoken of as a puberal anæmia and manifests itself by both oligocythæmia and aligæmia. Young men as well as young women are attacked and the cause seems to rest on actual structural deficiencies rather than on emotional influences, as is generally believed to be the case in chlorosis. It is slow and insidious in its onset and is characterized by a pallor or bloodless appearance quite different from the greenish color of chlorosis. Examination of the blood shows a greater or less decrease of hæmoglobin, but unlike chlorosis, the red cells and total quantity of the blood are lowered very markedly. Strange to say, however, the specific gravity is usually raised in puberal anæmia, while in chlorosis it is generally lowered.

One pronounced clinical symptom referable to the pulse, according to a prominent English authority, will, moreover, be found in puberal anæmia, which is not common in chlorosis. In anæmias of failing quantity, such as puberal anæmia, the pulse is almost invariably feeble and empty, while in chlorosis it is often dull and even of quite excessive pressure.

The type of anæmia under discussion is probably due to

- (1) Excessive demands on, or actual destruction of the blood elements;
- (2) Deficient renewal of its elements;
- (3) Or both.

The first is a sequence of some disease like fever or toxæmia; the second of inanition or malnutrition; and the third of some wasting process, which not only depreciates the blood, but by lowering functional activity militates against any physiological tendency to restoration.

In any instance the paramount need is to stimulate hæmatopoiesis, and for immediate and satisfactory effect in this direction Pepto-Mangan (Gude) has been found of very great value. Under its administration, the hæmatogenic function is actively increased and the appetite and general nutrition rapidly raised. The digestion is improved and never embarrassed—a statement that can be made of none of the inorganic preparations of iron.

It goes without saying that the best of hygiene, good food and as much outdoor life as possible should also be prescribed in the treatment of puberal anæmia. The condition if allowed to continue is always dangerous, principally because of its predisposing tendencies to graver disease; but the results of the treatment recommended are usually so prompt and decisive that there is rarely any excuse for its not being controlled.