

ANÆMIA AND ITS TREATMENT.—There are few practitioners of any experience who have not from time to time had to contend with anæmia in some of its forms, either as a Primary or Essential Anæmia, Chlorosis, etc.; or a Secondary or Symptomatic. The pathological condition is characterized by a diminution or deterioration in the quantity or quality of the blood or one or more of its constituents, either as a result of no known pathological condition of other tissues or organs than the blood itself; or as a result of (a) hemorrhage; (b) inanition or want of assimilation; (c) excessive albuminuria, prolonged suppuration, long-continued lactation, chronic dysentery, etc.; or (d) toxic agents, as the absorption of lead, arsenic, mercury, and phosphorus, and the toxic influence of acute and chronic infectious diseases, as typhoid and yellow fever, diphtheria, acute inflammatory rheumatism, chronic malaria, tuberculosis and syphilis. The general practitioner, the surgeon, the obstetrician, the gynecologist, and other specialists, all will continue to meet with it from day to day, and it will often prove, unless promptly and efficiently met and combated, "the last straw that breaks the camel's back." After other serious involvements of regions or viscera have been safely tided over, and the original danger is well and satisfactorily out of the way, anæmia may still bar our progress in establishing a successful restoration to health.

The pallor of skin and mucosa as indicated by the general surface and livid lips, the languor, debility, and extreme fatigue under the slightest exertion, occasional palpitations, dyspnoea, headaches, anorexia or possibly perverted and unnatural appetite, the visible undulating pulsations of the carotids, the pulsation of the peripheral veins, the occasional heart murmurs, the '*bruit de diable*' or venous hum over the large cervical veins, both muscular and mental weakness, loss of or impaired nerve function, neuralgia, coolness of surface, the weak, thready or compressible pulse, together with constipation or occasionally its opposite, make up, as a whole or in part, a clinical picture that is usually readily recognized by any careful observer.

Should the diagnosis, however, be in any doubt whatever, a proper laboratory examination will show a diminution of (1) the total quantity of blood in the body, *oligæmia*; (2) of the red corpuscles, *oligocythæmia*; (3) of the hæmoglobin, *oligochromæmia*; (4) of the albumen, *anhydræmia*; (5) or changes in the shape of the red corpuscles, *poikilocytosis*; (6) or in their size, *micro*-, *macro*-, or *megalocytosis*. It is rare, however, that so thorough an examination is necessary; and many of us, especially those engaged in active practice, have neither time nor opportunity for such an investigation, and rely on the general characteristic features presented together with the previous clinical history.

In the treatment of this condition iron in some form has long been a recognized essential remedy, and a most excellent one it has proved on many occasions; yet sometimes it brings only disappointment, either from the inability