these circumstances. It can be given with the food, or between bread and butter, in three or four-grain doses three times a day.

Another preparation of iron which I have very largely employed is Ferrichthol. This is a very good form of administering iron, and is particularly useful in those cases of anæmia in which there is considerable gastric disturbance, and in which consequently the ordinary preparations of iron are not well borne. Ferrichthol is not yet as well known to practitioners in this country as its merits deserve. It is a compound of Iron and Ichthyol containing 3½ per cent. of iron in organic combination. It is odourless, tasteless, and can be best administered in tablets containing 1½ grain, in each. Two of these, three times a day after meals, is the ordinary dose for an adult. I have used this drug for several months, and always with satisfactory results.

It is scarcely necessary to say that when marked gastric disturbance is present treatment should in the first instance be directed to its alleviation. It is useless to give iron in any form when severe pain after food, and vomiting, lend support to the diagnosis of severe gastric catarrh, or, though much less probably, of gastric ulcer.

It is of the utmost importance to see that constipation is effectively treated. Whatever form of iron is administered, unless a regular daily evacuation of the bowels takes place no drug treatment will be of any service, and the administration of iron will simply increase tenfold the dyspeptic troubles from which the patient is already suffering severely.

During the treatment of anæmia by iron it is of much importance to ascertain, by regular examinations of the hæmoglobin content, what progress is being made. This can be very easily and very accurately done by means of the chromocytometer of the late Dr. Bizzozero. I can speak in the highest terms of the value of this instrument, which, though thoroughly well known in Italy, is yet by no means familiar to practitioners in this country. I have used the instrument for years, and, as I have already said, cannot praise it too highly. The process is extremely simple, all that is required besides the instrument being a candle, salt solution, and a dark room.

What strikes the observer as very remarkable in these determinations of the quantity of hæmoglobin is the extraordinary rapidity with which this substance increases under iron treatment. In a few days the hæmoglobin content will rise 20, 30, or even 40 per cent., and this, too, it must be confessed, quite apart from the variety of iron preparation which is administered. At least, this is the result of my own observations, which have been very numerous and continued over a long period of time. Clearly, then, the variety of the preparation is of importance, not as regards the ultimate result, which is the same in all, but as concerns the easy digestion of the drug.

On account of its tendency to upset the digestion I rarely now make use of the perchloride of iron. It is a most effective drug in increasing the amount of hæmoglobin, but its astringency and consequent tendency to cause constipation and dyspepsia are great drawbacks to its general employment.

In heart disease, at all events in its later stages, anæmia is a serious complication. In these cases iron is not as a rule well borne, and the reason of this is obvious. When compensation has failed, the stomach, like other viscera, becomes gorged with blood, and the mucous membrane then passes into a catarrhal condition which is very unfavourable to the absorption of such a drug as iron. Thus, it follows that combinations of digitalis and iron are not tolerated in this form of disease unless the mineral be given in a very easily assimilable form.

I have found the carbonate of iron in combination with carbonate of bismuth to be frequently of use when other forms of iron are rejected. This can be given either as powder or in solution with mucilage to suspend the bismuth. Ferrichthol, too, is in this condition frequently of advantage, as the ichthyol appears to have a sedative influence on the gastric mucous membrane. And, for the same reason, the administration of ichthyol alone in suitable doses may have a favourable influence on the gastric catarrh which so often attends the later stages of chronic valvular disease—those stages in which compensation gradually becomes less and less efficient.

Anæmia is generally a more or less prominent symptom in phthisis. It occurs early in the disease, and persists throughout its whole course. Not seldom, indeed, pronounced anæmia is one of the very earliest evidences of the disease which threatens, and it may antedate the slight cough and hectic which are often looked upon as the very first signs that anything is wrong with the chest. Along with the anæmia, it is not at all unusual to observe dyspeptic symptoms; the appetite is capricious, nausea may be complained of, and pain after food, and flatulence, may annoy the patient.

In such cases it is of the first importance to get the stomach into good working order as speedily as possible, as upon a satisfactory power of absorbing nutriment does the result of the conflict with the pulmonary malady depend. It is the fashion at the present time, and an extremely foolish one, to overfeed phthisical patients at all stages of the chest affection. Without taking into account the condition of the mucous membrane of the stomach, whether the seat of catarrh or otherwise, huge quantities of proteid material are forced upon the patient. It is not realised that, not what the patient takes, but what he digests and assimilates, is the great thing to be considered. The result is

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