

The Malarial Anemic.

Whether or not the much maligned mosquito is the intermediate host of the plasmodium malarix, certain it is that the campaign waged for this insect's extermination has not entirely ridden the country of the blood infection for which it is responsible. In addition to the chills, fever and sweating characteristic of the acute forms of the disease, which require immediate antidotal treatment, the physician must recognize the serious injury to the blood itself, due to the invasion and actual destruction of the red cell by the paludal organism. After the subsidence of the acute symptoms, a distinct aglobular anemia is the result, and unless this is corrected, a reinfection is extremely likely. To prevent this and to avoid the development of a chronic malarial toxemia, a vigorous blood-building campaign should be instituted just as soon as the febrile movement is controlled. For quick and efficient reconstruction of the partially disintegrated red corpuscles and to encourage the rapid formation of new and functionally active erythrocytes, **Pepto-Mangan (Gude)** is especially serviceable. Steady treatment with this potent hematinic, for a period of several weeks, is practically certain to restore hemic integrity and place the patient in a position to ward off fresh infection, or quickly throw it off if invasion occurs. When the physician believes that arsenic is needed in the after-treatment, this drug can be readily added to **Pepto-Mangan (Gude)** preferably in the form of Fowler's Solution.