

Some Points upon Simple Anæmia in Children.

By W. J. FENTON, M.B. (Cantab.), M.R.C.P. (Lond.),
*Physician to Out-Patients, Victoria Hospital for
Children, Chelsea.*

Among the ailments of children simple anæmia deserves somewhat close attention. The graver forms obtrude themselves alike upon parents and practitioners by the unmistakable appearance and profound constitutional disturbance shown by the child, but defective blood states of a less pronounced type are sometimes overlooked, or when recognised are not always accorded the weight they deserve, and certain dependent symptoms prove themselves less amenable to treatment than otherwise might be the case. Anæmia is the result of disturbance of the normal ratio between blood destruction and regeneration, showing itself in simple cases chiefly in a deficiency of hæmoglobin. The defect may primarily be due to abnormal destruction of the red cells, or to incomplete or imperfect renewal; practically, however, it is impossible to draw a hard-and-fast line between these factors, and in the great majority of cases they occur concurrently. The centres of red-cell formation receiving an insufficient nutrient supply from a defective blood stream produce in their turn imperfect corpuscles.

Childhood directly predisposes to anæmia; the demands upon the blood are at this time proportionately greatly in excess of what occurs later in life, in so far as the processes of metabolism and growth must both be duly supplied with the raw material of the blood, and a defect in the latter is the more easily induced, or, being induced, produces more noteworthy deviations from health at the time when there is a general instability of the entire organism.

The simple forms referred to in this article may occasionally be congenital, due to disease of the mother during pregnancy, but are more often acquired, the common causes being hæmorrhage, or constitutional diseases, such as purpura, scurvy, hæmophilia, syphilis, phthisis, and rickets, whilst pronounced anæmia is associated with nephritis, malignant disease, suppurations, serous effusions, and the febrile states generally—in particular, rheumatism, diphtheria, measles, and scarlet fever. Again, defective surroundings and inanition from disease of the digestive tract are all prominent causes. Drugs—mercury, potassium chlorate, &c.—may also produce marked anæmia. Among temporary causes, sufficiently well marked in themselves, but hardly giving rise to constitutional disease, must be mentioned over-feeding and over-growth.

The former is by no means uncommon. A child is given, in addition to its ordinary meals, milk every time it is thirsty, biscuits, bread and butter, sweets, fruit, and so forth, until the regular appe-

tite is impaired, and overloading of the intestines, defective digestion, and consequent imperfect assimilation ensue. In such cases the child may be fat and outwardly healthy-looking, except in so far as urticaria and papular eruptions are apt to occur. The complaint made is of fretfulness and irritability, capricious appetite, disturbed sleep, and occasionally cough. Examination reveals a moderate grade of anæmia, and the symptoms tend to persist until this clears up.

In the second case abnormally rapid growth produces a drain upon the blood which is insufficiently met, and anæmia results, which, leading to catarrh of the stomach and intestines, interferes with normal digestion and assimilation, and still further impairs nutrition.

Among the general symptoms, pallor of the skin and mucous membrane is seen in any well-marked case, but it should be remembered that mere paleness of the face is not a safe guide in judging of anæmia, and in some cases much the same may be said of the conjunctiva. Perhaps the most trustworthy sign is the appearance of the soft palate and fauces, and examination of these should not be omitted. Flabbiness of the muscles may be present, but wasting is not often the direct result of the blood state, and in most cases depends upon the underlying condition.

One of the more special results of anæmia is a tendency to catarrh of the mucous membrane, often showing itself by the presence of cough, which may prove obstinate unless the true cause be recognised and appropriately treated. In many cases this symptom is placed in the foreground, and since examination of the chest is negative and some form of dyspepsia frequently present, it is occasionally assigned to a different cause and called a "stomach cough," a reflex connection being supposed between the abdominal viscera and the respiratory apparatus.

Now, though it may be difficult to deny that such may be true in certain cases, positive evidence is not very great, whilst the rapidity with which the cough disappears under iron alone points to the blood state as the underlying cause.

Headache, coldness of the extremities, irritability, and fretfulness are frequently complained of. Slight muscular pains sometimes occur with anæmia, but care should be taken to ascertain that such pains are really muscular and not arthritic. In this matter parents and friends are generally very vague. The child, if intelligent and old enough to give information, is the most reliable informant.

In young girls leucorrhœa is a frequent symptom, and is probably an expression of the tendency of the mucous membrane to catarrh, which, as in the bronchi, may possibly be explained by a lowered resistance allowing feeble irritants otherwise harmless to provoke a reaction. Eneuresis is occasionally met with, and, in severe cases, dropsy of the ex-

[previous page](#)

[next page](#)