

tremities. At times worms are found, possibly standing in causal relationship to anæmia, owing to the catarrhal state of the bowel set up by them leading to malnutrition. Inquiry should always be made as to their presence.

The appetite is generally bad, the tongue furred, and the bowels constipated; the last symptom is by no means always present.

In children of twelve or fourteen years of age marked chlorosis may be present, accompanied by the symptoms peculiar to it, and calling for no special remark; here dyspnœa and fainting may, however, occur at an earlier age. The latter requires somewhat close attention, owing to the frequency with which common epileptic attacks are described as "faints."

Examination of the heart may reveal hæmic murmurs even in very young children, which are generally best heard over the pulmonary area, but are frequently caught at the apex. The murmur here has not quite the positive character met with in valvular disease, and is not transmitted beyond the area of the impulse. A moderately accentuated pulmonary sound at the base is commonly present.

In secondary anæmia the spleen is not enlarged, except when due to such severe constitutional disorders as syphilis or rickets, &c. In determining this point percussion alone is fallacious, and unless the edge can be definitely felt, the probability that enlargement is not present or is insignificant. Young children often object to palpation, and resist it vigorously, but if the warmed right hand be placed upon the abdomen, with the index finger just below and parallel to the costal margin, and moderate pressure be exerted during the deep inspiration which follows the muscular effort of resistance, relaxation occurs, the finger sinks below the margin of the ribs, and the edge of the descending spleen is clearly appreciated by it if the organ be enlarged.

The blood changes found are slight as a rule, and consist in some diminution in number of the red cells, with marked decrease of hæmoglobin. In severe cases irregularity of size and shape of the red cells is found, and from this the degree of severity may be gauged, as may the influence of treatment. Infants, however, show disproportionate changes in the blood from comparatively minor causes, especially in disease of the gastro-intestinal and respiratory tracts (Cabot).

Treatment may be divided into general and special, each equally important. The cause must in all cases receive particular attention, and be removed or remedied if possible by appropriate means. In those cases in which anæmia is due to grave disease, as in nephritis or morbus cordis, treatment of the underlying cause should not prevent due attention being given to the blood state, for, as already indicated, a defect in the red cells reacts in its turn upon the body

generally, both directly and by inducing impairment of the functions of digestion and assimilation. For this reason every effort should be made in such cases to bring the blood into as normal a condition as may be. The general habits and surroundings of the patient must be carefully gone into, plenty of fresh air enjoined, regular hours, and reduction of over-pressure at school, if such exists, insisted upon. The opposite extreme of coddling should be avoided.

Clothing should be light but warm, and exposure of the lower limbs should be avoided, for there can be no doubt that in this way the body is deprived of an amount of heat which should have been used in its system of recovery. Such loss requires to be repeatedly made good at the expense of the heat-producing organs. The diet should be nourishing, light, and simple, and a due proportion of red meat allowed. It is an error, I think, to deprive children, after an efficient number of teeth has erupted, of what is practically the only iron-containing food. Teeth should receive attention, and adenoids and enlarged tonsils should be removed.

With regard to the gastro-intestinal tract, constipation must, of course, receive attention. A history of regular action of the bowels does not of necessity contra-indicate purgation, for a chronically loaded and partially atonic colon may exist with daily movement. The same applies to some cases with apparent looseness of the stools. Purgation to be efficient must be free, but not prolonged; it is not necessary to do more than ensure regularity after the large gut has been properly emptied. In this respect it is remarkable what large doses of aperient medicine are sometimes required in quite young children. Castor-oil in moderate doses is often useless and of doubtful benefit, owing to the subsequent constipation produced. A combination of the sulphates of magnesium and sodium with magnesium carbonate, to which may be added, if necessary, cascara sagrada, and the tinctures of belladonna and nux vomica, as recommended by Dr. Cheadle, is often extremely useful. If constipation is obstinate it is well to give small doses of calomel at first.

In giving iron there are one or two points to be borne in mind. It is useless, if marked dyspepsia or constipation exists, until these are remedied; but it is not contra-indicated with slight dyspeptic symptoms; such are often due to the anæmia, and are directly benefited by iron. In rheumatism, iron is not well borne, and should be avoided until the attack is entirely over, then given with caution.

Astringent preparations are not well borne by children, and the possible affection of the teeth should be remembered. It is well to wash out the mouth after taking iron salts, to give them freely diluted, and after meals. Iron is said at times to

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