

When we come to inquire why they contain too little hæmoglobin we meet with some difficulty, because many different reasons have been given for the change, but it is quite evident that the primary cause is a deficiency of iron, which is essential to the production of hæmoglobin, and the view which we shall take now, for, in my opinion, it best explains the symptoms of the disease, is not that there is a deficient production of iron (or rather transference of iron from the food to the red blood cell), but that there is a destructive process going on (or rather an excess of the normal destructive change) whereby iron in the corpuscles is removed from them and passed out of the body.

Now in chlorosis there is invariably constipation, or, in other words, retention of matter in the bowel which should be excreted and not allowed to accumulate; when this condition is remedied the chlorosis improves, and it is probable that certain poisons, or toxins as they are called, are produced in the stagnant faeces and absorbed back again into the circulation; when they reach the blood they attack the red cells and dissolve out, as it were, some of their contained hæmoglobin. This, however, obviously cannot be the complete explanation, for chlorosis is practically confined to women, and constipation occurs in men also, though not nearly so frequently, and we have a further reason in the fact that there is almost invariably some suppression or change in the menstrual function also, which may also result in the formation of toxins which have a similar effect. Probably toxins are formed in varying quantities in different cases both in the bowel and the reproductive apparatus, but the change in the latter organs is largely a result itself of the constipation.

Besides the constipation and the menstrual troubles, the digestion is almost always affected. More will be said about this in the next article, but for the present we will mention that there is in acute cases pain and sickness, sometimes actual vomiting, directly after food, and, in the more chronic illnesses, pain and heaviness about an hour after each meal.

The result of the deficiency in the blood cells themselves is seen in two ways; firstly, the skin is pale, and the mucous membranes (lips and gums) have also a blanched appearance, simply because the blood itself is not sufficiently red, and there is breathlessness on exertion, on account of the brain not receiving as much oxygen as it should; for the same reason dizziness and faintness are common. The deficiency in hæmoglobin can be measured accurately by withdrawing a few drops of blood

and comparing the tint when diluted with that given by healthy blood, and the number of red cells can be counted when a drop of the patient's blood is examined under the microscope.

Coming now to the causes of the chlorosis itself, it will be obvious that two factors are most prominent—namely, constipation and want of fresh air. In addition to these, the presence of indigestion plays an important point in that what is known as a vicious circle is established; inability to digest food causes anæmia, because the body does not receive an adequate quantity of iron, and the anæmia causes indigestion because the blood circulating in the stomach walls is of poor quality, and therefore the stomach is weak and sluggish; we then get a state of things which reminds us of a dog running after its own tail.

Let us now inquire why chlorosis is so prevalent amongst nurses. Firstly, dyspepsia is very common, for the simple reason that in the vast majority of hospitals quite inadequate time is allowed for breakfast, and, whereas for a nurse's work this meal should be the most substantial of the day and the best cooked, it is very often the lightest and the cooking is practically non-existent. Who is not familiar with the clammy porridge, the cold contract egg, and the uninviting slab of bread, with its scanty allowance of dubious butter, that forms the staple fare in so many hospitals? Inasmuch also as the majority of nurses, especially in their first year, are almost necessarily tired when they rise in the morning, the temptation to still further curtail the altogether insufficient period of half an hour which is usually allowed for breakfast, by snatching a few extra moments in bed is very strong. So the first meal of the day is often bolted in five minutes, to be followed by the inevitable gastric pain and discomfort; and when the fuller and better cooked midday meal arrives, the nurse is often too tired to "fancy" it, and consequently her dinner is followed by a repetition of the morning's dyspepsia. The net result of this is that the staple article of the nurse's dietary is tea, which can hardly be said to be a suitable beverage for the dyspeptic. In practice the appetite does not reappear until the next "time off," when a raid is made on the nearest confectioner's shop, and the nurse, on returning to hospital, is seen to be decorated with the inevitable paper bag containing a dietary which can hardly be said to consist mainly of digestible proteid!

Nor is this all. It is, of course, essential that the bowels should be open daily, and for this it is a physiological necessity that the in-

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