SYMPTOMS AS A GUIDE TO ANAEMIA

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It is well known that persons with anaemia vary greatly in the degree to which they complain of symptoms. The study described below approaches the problem from the opposite angle—namely, the extent to which symptoms capable of being interpreted as due to anaemia, such as lassitude or feeling "below par," are in fact an indication of the prevalence of anaemia.

Method and Material

A total of 360 housewives, attending for miniature x-ray examination and found free from tuberculosis, accepted the offer of a haemoglobin test. They were asked to answer the following questions:

- Do you feel fit?
Average?
Below par?
Do you suffer from:
Breathlessness?
Poor appetite?
Always feel tired; lack of energy?
Swelling of ankles?
Do you need to take a laxative once a week or more?

It was realized that the questions were of a leading nature, but they were asked before the subject knew the result of the test, and were applied to all subjects without bias. The questions were not intended to include all the symptoms of which anaemic subjects are said to complain. The question on laxatives was posed so as to provide an objective index of the constipation which may accompany anaemia.

Haemoglobins were tested by the doctors, to whom acknowledgment is made above, using oxyhaemoglobin in Grey-Wedge photometers. Finger-prick blood was used. Each operator calibrated herself on an average once per ten

Haemoglobin Levels in Housewives who Complained, or Did Not Complain, of Certain Symptoms

	No.	Mean Hb (% Haldane: 100% = 14.8 g./ 100 ml.)	% Below	
			83%	73%
Below par	49	91.10	12.2	10.0
Average	172	89.70	16.3	5.8
Fit	127	89.95	12.6	4.7
Swelling ankles	73	89.80	20.5	4.1
Not	277	90.08	13.0	6.1
Breathless	134	90.24	16.4	9.0
Not	225	89.82	13.3	4.0
Always tired	153	90.04	15.7	7.8
Not	202	90.00	13.9	4.5
Poor appetite	43	90.21	9.3	7.0
Not	313	90.00	15.0	5.4
Constipated	104	89.31	19.2	5.8
Not	248	90.42	12.5	5.6
Fit, not always tired, not breathless	94	90.20	13.8	4.3
Below par, always tired, breathless	31	90.58	12.9	12.9

Where a reply was equivocal no entry has been made. Hence the difference in total numbers in each division. The level 83% was selected because at this level prospective blood donors are refused by the Ministry of Health Transfusion Service.

determinations by means of the invaluable samples provided by the M.R.C. haemoglobin standards scheme (Dr. I. D. P. Wootton).

Results

The Table shows that there was no difference in mean haemoglobin level between those that did and those that did not complain of these symptoms. Those whose haemoglobin level was below 73% were present in rather larger proportion in the group which complained of symptoms; but the differences were not greater than could occur by chance.

Discussion

The symptoms that we are dealing with are common today, as indeed the number of positive replies to our questionnaire suggests. Whether this has always been the case it is impossible to say; and, in any event, this is less important than to know the cause. Anaemia, to us, seemed to be one of the possible causes in practice, but it is clear from the analysis of our data that this is in fact not so.

Medical Memoranda

An Important Anomaly of the Long Saphenous Vein

Ligation of the superficial or deep veins of the lower limb is so commonly practised that the following anomaly of the long saphenous vein discovered in the course of routine laboratory dissection merits description.

Ascending through the femoral triangle the long saphenous vein crossed in front of the femoral artery to reach its lateral side 4 in. (10 cm.) below the mid-inguinal point. It then passed backwards and medially behind the artery to end in the femoral vein 2½ in. (7 cm.) below the mid-inguinal point—that is, about 1 in. (2.5 cm.) lower than usual. Where the long saphenous vein crossed in front of the artery the two vessels were firmly bound together by fibrous tissue. Thereafter the vein was intimately related to the artery below the origin of the profunda femoris branch, and thus it described a spiral course round the lateral side of the femoral artery (see Fig.). The level at which the vein pierced the deep fascia could not be determined, as the dissectors had removed the fascia in an attempt to elucidate the abnormal relationship. However, since the femoral artery is always beneath the deep fascia, it is likely that the long saphenous vein perforated that fascia at or before the point where it crossed in front of the artery. The femoral vein lay on a more posterior plane than the femoral artery immediately below the inguinal ligament, and the superficial circumflex iliac and the superficial epigastric veins ended in it.

The long saphenous vein passing spirally round the lateral side of the femoral artery.

The practical importance of this anomaly is clear. A point 1½ in. (3.8 cm.) below and lateral to the pubic tubercle, the standard guide to the middle of the saphenous opening (fossa ovalis), was found in this case to be opposite the

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