A WOMEN’S ILLNESS: MEDICINE AND IDEOLOGY IN THE HISTORICAL CASE OF CHLOROSIS

Bernabeu-Mestre, Josep
Cid Santos, Ana Paula
Esplugues Pellicer, Josep Xavier
Galiana Sánchez, María Eugenia
GRUP BALMIS D’INVESTIGACIÓ EN HISTÒRIA DE LA CIÈNCIA
Universidad d’Alacant

1. Introduction

"Chlorosis is so widespread that many young women contract the illness when they reach puberty and do not recover until the age of 25 [...] That this malady affects women so widely and exclusively not surprising, if we consider the fact that a normal woman has half a million fewer blood cells than her male counterpart, a condition that must certainly have calamitous influence on the woman herself. Other physical and psychological factors, either alone or in conjunction with one another, contribute to the onset of sudden and frequent fits of congestion that lead, in turn, to a disruption of the menstrual cycle that encourages the disease/in favor of the organism, once the chlorosis has set in [...] These disturbances in menstruation are accompanied by many other changes in a variety of different organs and systems, such as a state of tiredness and fatigue so pronounced that the afflicted person can scarcely leave her bed, but feels thoroughly exhausted, as though she had not slept in all the night; also an extreme pallor of the skin and mucous membranes [...] Normally one also finds dyspepsia, heart palpitations, frontal-lobe cephalgia with more or less pronounced fits of fainting, nasal hemorrhages, swollen ankles, and reduced sexual appetite. The breasts are slack and wrinkled or underdeveloped; the appetite and sense of taste are altered [...] In general, these alterations disappear once the patient becomes a mother; but quite frequently the apparent tranquility brought on by marriage lasts but a short while; for the genital system having been violated, the woman tires very easily as a result of gestation. As a result, new processes begin to develop, tormenting and exasperating her until menopause [...] There can be no doubt that chlorosis is caused and sustained by the demands of modern life and by the current taste for exhibition among women, causing them to subject themselves to a thousand deprivations in order to appear slim and beautiful, and to avoid the necessary sunshine and fresh air in an effort to protect their skin. For this reason, chlorosis must be considered an “illness of civilization” [...] From a treatment perspective, it is unclear as to whether the illness is

1 Address correspondence to: Josep Bernabeu-Mestre. Departamento de Enfermería Comunitaria, Medicina Preventativa y Salud Pública e Historia de la Ciencia. Universitat d’Alacant. Ap. de correos 99. 03080 Alicante. Email: josep.bernabeu@ua.es. This article has been partly funded by the research project entitled “Antecedentes históricos de la nutrición comunitaria en España: los primeros intentos de institucionalización, 1923-1947” (“Historical antecedents of community nutrition in Spain: early institutionalization attempts, 1923-1947”) (Ministry of Science and Technology. HUM2005-04961-C03-01).
preventable [...] Girls should invigorate their bodies just as boys do; they should move about in the fresh air as much as possible and eat a varied and abundant diet at regular intervals, paying attention to the importance of vegetable foodstuffs and eliminating all kinds of sweets. The excessive workload given to girls at school should also be taken into consideration. Sensationalist novels and unhealthy literature of all kinds should be absolutely prohibited. Girls should be spared intensive physical labor; they should be appropriately dressed, without the respiratory and circulatory obstructions imposed by modern corsets. They should rest as necessary, retiring early and arising at an hour that is not too late [...] With regard to matrimony, the physician must be make it clear that curing the chlorosis is of the utmost importance, for otherwise the patient will soon experience a relapse, and [her health] will be gravely endangered.

The above text, published in 1916, was cited in a medical topography of the Valencian town of Ontinyent. In addition to revealing the prevalence of chlorosis in Spain during the early 1900s, it conveys the complexity of the issues surrounding that ailment. As the passage itself makes clear, analysis of this so-called “women’s pathology” can shed new light on women’s health, quality of life, and well-being during the period under discussion. This presentation will study the health syndrome known historically as “chlorosis,” in order to explore the nature of its determining factors. More specifically, as exemplified by the text quoted at the beginning of this article, it seeks to evaluate the degree to which the formulation of a diagnostic category such as chlorosis may have masked, during the period of growing medicalization of the Western population during the nineteenth century, the exploitation and overwork (both within and outside the home), the deficient health and living conditions, and the stigmatization of large sectors of the Western population simply because they were female.

Like other pathologies such as neurasthenia, or the modern conditions of fibromyalgia and chronic fatigue syndrome, chlorosis is a good example of the so-called “silent epidemics.” As we shall see, despite its extensiveness and the high

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3 Basically linked to the emergence of modern medicine although with important antecedents, the nascent concept of medicalization was charged with strong ideological connotations and subjected to wide variety of interpretations. The growing medicalization of modern society is reflected in the progressive inclusion of social and psychological factors in scientific medical discourse, and in the latter’s gradual infiltration into social and ethical discourse at a time when it also became an expression of the growing empire of medical knowledge and techniques, leading to the appearance of medical power. (BERNABEU-MESTRE, J. “Medicina e ideología: reflexiones desde la historiografía médica española.” In CAMPOS, R. (ed.), La condición histórica de la medicina. Madrid, CSIC, 2006 (forthcoming)).
morbidity and disability figures associated with the syndrome, the fact that chlorosis was exclusively a women’s malady, together with a range of other factors, including the relative obscurity of its etiology and physiopathological mechanisms, the absence of specific organic abnormalities associated with the disease, and diagnostic difficulties including the lack of clear biological markers and the role played by psycho-social and cultural factors, explain its problems of visibility and scant social recognition.

In the section that follows, we probe the discourse surrounding chlorosis within the context of contemporary Spanish medicine, and explore the biological, environmental, social and cultural conditioning factors associated with this diagnosis, in order to cast light on the gender discourse that informed most medical interpretations during the period under study.

2. Clorosis: the illness that never existed?

Chlorosis was viewed as a chronic, long-lasting illness that attacked young women exclusively. The latter generally contracted the disease between the ages of 14 and 24, although it could also be found in certain phases of “genital life,” such as during pregnancy or menopause. Insidious in its evolution, the malady produced a number of symptoms including a yellowish-green coloring of the skin, a discoloration of the nails and lips and, as authors of the period point out, a state of “physical and moral lassitude.” In addition to feeling exhaustion and fatigue at the slightest effort, chlorotic women experienced headaches, palpitations, breathing difficulties, generalized aches and pains, neuralgias and visceralgias, amenorrhea/dysmenorrhea, increased need for sleep, anorexia, and alterations in the intestinal tract, among other symptoms.

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5 BOUCHUT, E.; DESPRÉS, A. “Clorosis.” In Diccionario de medicina y de terapéutica médica y quirúrgica. Madrid: Carlos Bailly-Bailliere, 1882, pp. 314-318 (p. 315). In 1887, authors like Clark (GUGGENHEIM, K. Y. “Chlorosis: the rise and disappearance of a nutritional disease,” The Journal of Nutrition 1995, 125(7): 1822-1825), defended the idea that chlorosis derived from an imperfectly developed heart and arteries (in Virchow’s words, a hyperplasia) associated with a lack of vitality in the blood cells. This constitutional weakness in the woman made her incapable of supporting the demands that menstruation and bodily growth were thought to bring on.
6 NOGUER MOLINS, 1927, op. cit., p. 315. In addition to the symptoms described in the text, physicians also frequently spoke of sadness, nervousness and irascibility, difficulty concentrating and a tendency towards hypochondria.
Throughout the nineteenth century, the study of chlorotic states became one of the most extensive chapters in medical pathology textbooks. Nevertheless, the illness’s decline during the initial decades of the twentieth century sparked a widespread debate as to the causes of its disappearance. In a text published in 1936, Gregorio Marañón, one of the most renowned figures in modern Spanish medicine, affirmed that: “[as for] this illness, which has appeared in millions of classical medical diagnoses; which has greatly influenced the lives of women (and, as a result, of men) over the course of several centuries; which has enriched many pharmacists and owners of mineral springs; which has evoked so many lover’s sighs and inspired so many poets—we must ask ourselves whether it ever really existed.”

The “mysterious” disappearance of chlorosis has, in fact, largely shaped the historiographical debate surrounding this phenomenon. As we pointed out earlier, the ailment reached its peak during the nineteenth century, when it rose to epidemic proportions, only to disappear suddenly in the early twentieth century. Loudon speaks of four phases or periods in the evolution of the disease. Prior to 1750, it was known as “the virgin’s illness” or “lover’s fever,” and was thought to arise as a consequence of unrequited love. Between 1750 and 1850, it was considered to be a uterine or menstrual illness, and the importance of amenorrhea was emphasized. From 1850 on, it was viewed as a form of anemia unique to young women. When the illness finally disappeared during the first two decades of the twentieth century, many authors attributed the decline to a vaguely-defined improvement in dietary and living conditions. As can be seen, the health problem known as “chlorosis” was difficult to

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8 MARAÑÓN, G. El problema de la Clorosis. ¿Ha desaparecido o no ha existido jamás? Madrid: Instituto del Libro Español (Conferencias 2), 1936, 60 p. (p. 8).
define, and conceptions of the illness changed markedly throughout its existence as a classified illness.

3. Principal etiological hypotheses

Peláez y Verde, one of the first Spanish authors to grapple with the problem of chlorosis, summed up the etiological issues surrounding the disease in his doctoral thesis of 1877 by pointing to the important polemic as to whether the ailment could be defined as essentially dyscrasic (having to do with the abnormal composition of the blood or humors) or neurotic in nature.12 Defenders of the former interpretation defined chlorosis as “a basic globular anemia followed by a generalized hyperesthesia,”13 on the grounds that it only attacked women:14 “[W]oman is quite different from man when viewed from any angle, whether it be moral, intellectual, organic, physiological, or medical [...] she is more susceptible to chlorosis because she has fewer hematic cells [than man] [...] woman is a flower that wilts with amazingly swiftness when she has been taken over by chlorosis.” Anything that helped to thin the blood by reducing the number of red blood cells could bring on the illness: an inadequate diet, prolonged breast-feeding, etc.

For many authors, chlorosis was merely a symptom of what was essentially a nutritional problem. In fact, amenorrhea would only have occurred in contexts of anemia and malnutrition. As early as 1895, Stockman suggested that the chlorotic syndrome was caused by iron deficiency.15 Poskitt, in accordance with Barket et al, sustains that the prevalence of iron deficiency anemia in the nineteenth century may have been caused by a faulty absorption of this important micronutrient, or by a deficient metabolism brought on by the prevalence of infectious diseases at that time.16 Together with the problem of dietary iron administration, one also had to

evaluate the role of possible alterations in the functioning of the gastrointestinal system.\textsuperscript{17}

The use of corsets and similar types of feminine garments has also been related to the development of chlorosis and to the production mechanisms discussed above. Beeson cites the work of Schwartz and Vertue, published in 1951 and 1955, respectively, who point to the garment as an important “contributory factor” in the appearance and disappearance of the disease. The mechanical pressure produced by such apparel on the liver and gastrointestinal tract, they argued, prevented iron from being correctly absorbed into the bloodstream.\textsuperscript{18}

For their part, those who were inclined to interpret chlorosis as a neurotic condition gave the illness an intense moral tinge and related it to the presence of precocious sexual passions.\textsuperscript{19} It was considered a sign of the myth of virginity, which concealed “respectable things, such as a severe morality, a marked restraint of the appetites and an elevated conception of one’s personal dignity,” but also “a great number of repressed desires and feelings, as well as dissimulated passions, prejudicial attitudes towards honor which are both purely decorative and extremely deep-rooted at a social and biological level, and even perversions disguised as innocence.” This kind of “artifice” was considered to lie behind the disease’s “psychogenic component.”\textsuperscript{20}

Both the dyscrasic and especially the neurotic interpretations of chlorosis clearly exemplify the medical doctrines that were shaping physicians’ attitudes

\textsuperscript{17} Ibídem, pp. 558-561.
\textsuperscript{18} BEESON, P. B. “Some diseases that have disappeared,” \textit{The American Journal of Medicine} 1980, 68: pp. 806-811 (p. 809).
\textsuperscript{19} BOUCHUT, E.; DESPRÉS, A., 1882, \textit{op. cit.}, p. 315.
\textsuperscript{20} MARAÑÓN, G., 1936, \textit{op. cit.}, pp. 50-59, explained the psychogenic component thus: “Today, in effect, there can be no doubt that there was a strong psychogenic element in classical early-adolescent anemia, both before and after it began be called chlorosis, to which most of its social, literary and (thus) its medical importance is surely owing. If a young girl was pale she was considered to be pure and also lovesick, and thus pallor became the strongest incentive for the enamored man’s passion [...] Ever since mankind began to be civilized, and thus to become more complicated, paleness has been a symbol of sexual passion, above all during those periodic epochs of romantic sentimentology [...] and this is because romantic passion, which seems so profound and intimate, is essentially external, social, almost theatrical, and needs a stage, and the over-estimation of pathology and sin. Not in vain, the epoch of maximum contribution to chlorosis coincides with nineteenth-century romanticism [...] And, in short, it can be affirmed that, on the basis of a misinterpretation of a reality that clearly did exist, chlorosis arose as a genuine and merely romantic literary invention, and this was largely the case with hysteria as well, whose history and disappearance is so similar to that of chloro-anemia [...] let these pages provide a record of my conviction that chlorosis is a fantastical entity in pathology. Heretofore, we should speak of symptomatic anemia during female puberty and post-puberty. But chlorosis itself must be erased from the current pathologies and definitively moved into the museums of the History of Medical Science.” Nerea Aresti’s \textit{Médicos, donjuanes y mujeres modernas}, cited earlier, gives a complete analysis of the “feminist” ideas of Marañón (pp. 235-247).
towards female pathology during the nineteenth and the early twentieth centuries.

With an important emphasis on gender, such doctrines identified woman with a single part of her body: the reproductive system in general and the uterus in particular. An entire discourse was generated, especially among psychiatrists and gynecologists, relating female pathology to that part of the woman’s body and justifying the application of aggressive, abusive therapies that lacked any scientific foundation.21

In this vein, of the many hypotheses that sought to explain the sharp rise in the incidence of chlorosis during the nineteenth century, that which has come to be known as the “iatrogenic” one is perhaps the most salient. Siddall suggests that the growth in the numbers of chlorotic patients during this period is probably related to the widespread use of bloodletting in obstetrical and gynecological practice, which would have been responsible for the iron deficiencies that led to diagnoses of anemia.22 It is worth noting that many of the symptoms associated with the chlorotic syndrome were attributed to the re-absorption of bad menstrual blood.23 In fact, the disappearance of bloodletting coincided with the diminution of chlorosis itself.

Another hypothetical explanation of the ailment’s decline and disappearance has to do with improved diagnostic strategies. At first, medical professionals discussed the possibility of what began to be called “pseudo-chlorosis,” but over the years the latter was given a more precise diagnosis within a variety of different pathological processes, of which the chlorotic syndrome was seen as merely a consequence.24 Among these processes, those of an infectious nature (principally tuberculosis), certain types of endocrinopathies, i.e., those related to ovarian insufficiencies and thyroid alterations, gastrointestinal ulcers, the types of anemia caused by a deficient or qualitatively inadequate diet, and rheumatic endocarditis, are the most important.25

22 Such was the case when blood was let in the vulva or groin, for example when an acute inflammation of the uterus was diagnosed. See SIDDALL, A.C. “Chlorosis etiology reconsidered, Bulletin of the History of Medicine 1982, 56(2): 254-260 (p. 259-260).
25 Ibidem, pp. 15-32. For Marañón (as we have already indicated) chlorosis in its original form did not exist, for two basic reasons: some of the stated etiologies were consistently present in all of the cases, and there was no scientific basis for defining it as a nosological entity. For our author, whose mentality was that of a natural/scientific pathologist, (LAÍN ENTRALGO, P. El diagnóstico médico. Historia y teoría. Barcelona: Salvat, 1982, 425 pp. (pp. 121-122)), at least four conditions needed to be met before a phenomenon could be classified as a nosological entity. There had to be a consistent, unified
Authors like Loudon point out that better diagnostics may have led physicians to classify cases formerly diagnosed as chlorosis as anorexia nerviosa. In their view, chlorosis, more than a simple form of anemia, was really a functional disorder closely related to anorexia nerviosa. Two kinds of patients, “chloro-anemics” and “chloro-anorexics,” were believed to have existed in conjunction with the disease.

In light of these considerations, most of those who wrote about the issue during the central decades of the twentieth century were convinced that it made no sense to continue treating chlorosis as an illness in the strict sense of the term. It would be more appropriate, they suggested, to refer it as a type of anemia specific to adolescent girls or, if one prefers, as a “chloro-anemia specific to young women, which conserves a terminological memory of this great chapter of classical medicine that no longer has a reason to exist”. As a result, what had formerly been regarded as “true” cases of chlorosis came to acquire the condition of secondary syndromes.

4. By way of a conclusion: socio-economic factors and gender discourse in the interpretation of chlorosis

As the medical professionals who treated individual cases of chlorosis first-hand pointed out, the changing diagnostic criteria surrounding the disease do not, themselves, explain its disappearance. The latter development was most likely related to other factors associated with improved hygiene and nutrition, although the set of symptoms; an etiology that, although essentially unknown, showed a clear clinical uniformity; a specific pathological anatomy; and an available therapy that allowed for the syndrome’s cure. With regard to the first of these conditions, Marañón affirmed that the symptoms of chlorosis were manifestations of all the systems, and that they were not in the least bit systematic. Neither did one find a fixed etiology. The productive motives related to the syndrome were extremely varied, a circumstance that explained the profusion of etiological-pathogenic theories surrounding it. As for the one organic alteration that could serve as a criterion for fixing the pathological personality of chlorosis, i.e., anemia with a low globular value, Marañón refuted its relevance with these words: “But this anemia (which is almost always discrete and sometimes negative) with hypocromia in the erythrocytes, does not respond, according to our current understanding of it, to any fixed or specific perturbation of the hematopoietic system, but rather is a response of that system, which is common to various etiologies.”

26 LOUDON, 1984, op. cit., pp. 1673-1675. The comments cited by K. FIGLIO in “Disease and social class: chlorosis as an illness of being ‘better-off’”; in 1978, op. cit., p. 175-177 are also relevant here.
29 MARAÑÓN, 1936, op. cit., pp. 41-42.
30 Ibídem, p. 43.
disappearance of some of the social artifices contributing to its diffusion prior to the early 1900s no doubt also played a role in its decline.\textsuperscript{31}

As for other factors, chlorosis in its classical form sparked a great deal of interest in the sentimental literature of the nineteenth century, which, as Marañón remembered “wept before social injustices and did not resolve any of them,” at the same time that it was “full of descriptions of that pale, tired girl charged with the care of two or three children not much younger than herself, who was obliged to engage in forced labor for a miserable wage and a ridiculously insufficient diet.” Medical doctors, Marañón went on to affirm, “had the waiting rooms of our Hospitals always full of these victims [of chlorosis]. Today, the condition of the servant has clearly improved, and this is unequivocally confirmed by the statistics of our hospitals.”\textsuperscript{32}

Many physician testimonies from the late nineteenth century and the early twentieth century indicate (although often they do not explicitly recognize) a possible social etiology for the disease when they link it to the excess domestic and extra-domestic workload of women. These testimonies recall some of the most well-known and confirmed etiologies of chlorosis in its classical form, such as its tendency to attack women of the working class (workshop girls and especially servant girls, whose dietary and hygienic conditions were “detestable”),\textsuperscript{33} and also many wealthy girls because of its associations with virginity, to the extent that it came to be known as “the saintly illness.”\textsuperscript{34}

Loudon distinguishes between the “chlorosis of opulence,” which he used to refer to cases of anorexia nervosa related to sexual frustrations, and the “chlorosis of poverty” that prevailed among servant girls who lived and worked in dark, damp and ill-ventilated basements and rooms, or female factory workers who toiled in similar environments.\textsuperscript{35} In their overviews of the illness,\textsuperscript{36} Poskitt and Guggenheim allude to

\textsuperscript{31} Ibídem, p. 31.
\textsuperscript{32} Ibídem, p. 48. For his part, Loudon (1980, op. cit., p. 1673) cites data from studies dating from the beginning of the twentieth century, which showed that 2% of hospitalizations were due to chlorosis in young people aged 15-25, who generally worked as domestic servants.
\textsuperscript{33} The hospital statistics showed an important number of female occupations related with chlorosis: “needlework, nursemaid, office cleaner, packer, waitress, laundress, parlourmaid, confectioney shop, clothes sorters, clerk, and cook” (CAMPBELL, J. M. H. “Clorosis. A study of the Guy’s Hospital cases during the last thirty years, with some remarks on its etiology and the causes of its diminished frequency”, Guy’s Hosp Rep London 1923, Lxxiii: 247-297 (pp. 287-291)).
\textsuperscript{34} MARAÑÓN, 1936, op. cit., p. 49.
\textsuperscript{35} LOUDON, 1980, op. cit., p. 1671. In 1892 the prestigious clinician, W. Osler, recognized this double condition when he affirmed that “is most common among ill-fed, overworked girls of large towns who are confined all day in close, badly-lighted rooms. Cases are frequent, however, under the most favourable conditions of life. Lack of proper exercise and fresh air and improper food are important
the studies by Clark and Stockman, published in 1887 and 1895, respectively, in which the authors cite a number of factors including the lack of hygiene, exercise, and especially the lack of light and fresh air in one’s living quarters as factors contributing to the development of chlorosis. As Davidson and Leitch indicated in 1934, “Changes in environment and habits, the achievements by working women of better hygienic conditions, including higher wages, and the dissemination of knowledge regarding the importance of diet in relation to health, have banished a serious form of anaemia which caused an enormous degree of incapacity and economic inefficiency.”

In addition to better hygiene and improved living conditions, we have been able to confirm another set of factors that seems to have played a role in the disappearance of chlorosis. Marañón himself noted the changes in social and sexual attitudes towards women, and their influence on the evolution of chloro-anemia.

As we noted earlier with reference to the neurotic character attributed by many authors to the disease, it is important to bear in mind the androcentric lens through which medical professionals viewed women’s bodies and women’s illnesses during the second half of the nineteenth century and the early twentieth century. These preconceived ideas conditioned many of their diagnoses, including that of chlorosis itself. In the realm of nineteenth-century medicine, women were defined and limited by their sexual functions and organs, and were regarded as inherently prone to illness, both physical and psychological. According to this view, the same reproductive functions and systems that defined women were the source of their bodily pains.

Factors.” Although he recognized that “emotional and nervous disturbances may be prominent,” Osler disagreed with those who were inclined to assign a hysterical quality to the syndrome (GUGGENHEIM, 1995, op. cit., p. 1824).


38 MARAÑÓN, 1936, op. cit., p. 59-60: “[…] The fact that the entire illness was a pure artifice teaches us, as well, about the importance of the nervousness factor and even about the deliberate fiction [which lay behind] that famous chlorosis, which today has disappeared […] and explains why […] customs are [now] freer and, as a consequence, sexual morality is purer, contrary to what the bleeding-heart moralists say. A young girl of today is accustomed to having a closer acquaintance with men, of sharing with them in the noble activity of work or the enthusiastic sporting hours. For her, man is no longer a myth that needs to be attracted by extraordinary means. There is no need for her to feel ‘stopped up’ [the Spanish word is ‘opilada,’ which refers to a retention in the flow of menstrual blood] when addressing him or attempting to stir his love. Chlorosis, then, has diminished, as have those hasty marriages brought on by the affair of one fine day, when the fresh dawn and the birth of spring tints with green the virgin’s honor. Sexual sin is always the same; but there can be no doubt that lowering its prestige makes it less dangerous.” On the changes alluded to by Marañón, particularly those that affected medical discourse, see ARESTI, N. op. cit., pp. 209-256.


Women were illness-prone by nature, by virtue of their very reason for being, which was to bring about the reproduction of the species.\textsuperscript{40} To nineteenth-century physicians, a healthy femininity was built upon sacrifice and altruism at a spiritual level, and childbirth and domestic work at a practical level. When the woman herself was not directly blamed, female affections were related to the incorrect functioning of the sexual organs. The healthiest “and holiest” form of womanhood was that of motherhood. Often, medical diagnoses related the onset of chlorosis to menstruation and masturbation.\textsuperscript{41} For many authors, the illness disappeared with the normalization of the woman’s sexual life through matrimony.\textsuperscript{42}

In our introduction, we referred to the potential usefulness of analyzing this “woman’s pathology” as a window on women’s health and, as a consequence, of their living conditions and levels of well-being during the late nineteenth and early twentieth centuries. Our study of chlorosis has called into evidence some of the health-related deficiencies that historically prevailed among young women, and has brought us closer to understanding the biological, environmental, socio-economic and cultural conditions that lay behind these deficiencies. In addition to the problems caused by poor hygiene, undernutrition and lamentable working conditions, the stigmatization and ideological discourse surrounding those who were affected by the chlorotic syndrome also needs to be considered.

As a diagnostic category, chlorosis disappeared from medical textbooks and hospital and health statistics in the early 1900s; however, we ought to ask ourselves the extent to which the conditioning factors associated with the onset of this syndrome were themselves ever really resolved, and how many women’s health problems (such as neurasthenia\textsuperscript{43} or, more recently, fibromyalgia and chronic fatigue syndrome) were never diagnosed at all.

\textsuperscript{43} During the final decades of the nineteenth century, when the incidence of chlorosis was at its highest, the prevalence of neurasthenia also rose sharply in Western countries (GIJSWIJT-HOFSTRA, M. “Introduction: Cultures of Neurasthenia from Beard to the First World War.” In GIJSWIJT-HOFSTRA, M.; PORTER, R. \textit{Cultures of neurasthenia from Beard to the first World War}, Amsterdam/ New York, Rodopi, 2001, pp. 1-30). The symptomatology that accompanied the neurasthenic diagnosis was quite varied and tended to take an insidious course. Among its most common symptoms, known as “neurasthenic stigmas,” the following were observed: neuro-muscular asthenia and fatigue at the slightest effort, cephalgia, rachialgia, dyspepsia and gastro-intestinal disturbances, insomnia and cerebral depression. Other less frequent symptoms, including trembling, tachycardia, palpitations, oppression, partial memory loss, inability to pay attention or to work,
irresoluteness, irritability, abulia, dejection, sad thoughts and hypochondria, obsessions, worries, and a
variety of phobias, were also described, as was an idiosyncratic sensitivity to the action of certain
medical substances and/or “the shutting-down of all the sexual functions.” (JIMÉNEZ DE LA FLOR,
T. Estudio clínico de la Neurastenia (astenia simple) y su tratamiento. Doctoral dissertation, 1910-
1911. Zamora: Establecimiento Tipográfico San José, 1913, 35 pp. (p. 10)).

Discussions of the problem of female neurasthenia tended to establish certain differences
between this condition and that of male neurasthenia, endowing the former with “specific clinical
form” characterized by the extreme intensity of the cerebral depression and by ‘nervo-motor’
exhaustion. Those who came down with the illness were left “literally without breath and energy,
incapable of carrying on with their habitual occupations, of tending to their homes, reading, or doing
simple needlework tasks. They cannot walk and have difficulty standing up [...] they find themselves
obliged to lie upon a couch for entire days, and some of them have even remained in bed all day [...] 
others are overcome by trembling, anguish, sweats and a tendency to faint as soon as they try to stand
up; they feel anxiety, and horror at the thought of walking and marching about, just as others may
present [symptoms of] agoraphobia, claustrophobia, or any other phobia (MATHIEU, A.
Neurastenia (agotamiento nervioso). Barcelona: Espasa Editores (translated by José Blanc i Benet), s.a. (First
French edition, 1892), 249 p. (p. 43); MARLAND, H. “Uterine Mischief: W.S. Playfair and his

In addition these clinical differentiations, in the case of female neurasthenia a series of
etiological or causal differentiations were also established. In accordance with the doctrines of Weir
Mitchell, female neurasthenia was considered to be a specific psychic state, “a kind of auto-
suggestiveness that, having served to constitute the morbid state, goes on to oppose its cure.” With a
discourse proper to the medical vision of female pathology that prevailed at the end of the nineteenth
century (EDMOND-VIDAL. Tratamiento de la Neurastenia femenina por los extractos de ovario.
Madrid: Imp. de Angel B.Velasco (Spanish version by doctor Calatraveño), 1901, 21 p. (p. 11)), some
even went so far as to consider neurasthenia a cause rather than an effect of the disturbances in the
genital system, no matter how often other authors related it to women with chronic lesions in the uterus
or the surrounding areas ( MATHIEU, 1892, op. cit., p. 186).