

THE CARE OF THE FEET.

A LECTURE DELIVERED AT THE BRITISH COLLEGE OF NURSES.

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In opening his Lecture Mr. Fitzgerald said: I have made out a table which I think may help the remarks I have to make with regard to cause, prevention and treatment.

	CAUSE.	PREVENTION.	TREATMENT.
CORNS	Deformed toe, rubbing of shoe...	Avoid shoes which deform toes.	<i>Palliative</i> : Corn plasters, paint, paring. <i>Radical</i> : Excision.
WARTS	Pressure, contagion. ...	Avoid sources of contagion.	<i>Palliative</i> : Cautery, caustic, Deep X-rays, Radium. <i>Radical</i> : Excision.
INGROWING TOE-NAIL ...	Abnormality of nail-bed, tight shoes.	Avoid tight shoes, cut nails straight, file centre of nail.	<i>Palliative</i> : Elevate nail edge. <i>Radical</i> : Remove nail, part or whole, excise nail-bed.
TENDER HEELS	Claw foot; inside surface of heel of shoe flat instead of concave.	See that shoes have soles with concave upper surface.	Treat claw foot; sponge rubber insole.
CHILBLAINS	Abnormality of sympathetic nervous system.	Warmth	Warmth, Faradic foot baths, Calcium Lactate, Sympathectomy.
EPIDERMOPHYTOSIS ...	Epidermophyton	Cleanliness, avoid contagion ...	Pot. Permang. baths, etc.
FLAT FOOT, FOOT STRAIN	Faulty shoes, excessive standing	Correct shoes, exercises, avoid long hours of standing.	<i>Palliative</i> : old cases: Arch support, exercise. <i>Radical</i> : young people: Manipulations, exercises.
METATARSALGIA	Pressure on nerves	Correct shoes	Metatarsal bar, outside wedges, manipulations, exercises.
BUNIONS or HALLUX VALGUS.	Congenital defect, bad shoes, tight stockings.	Correct shoes, loose stockings ...	Correct shoe, night shoe, digital stocking. <i>Radical</i> : Operation.
HAMMER TOE	Bad shoes	Correct shoes	Operation: straighten toe.

The question of the care of the feet is such an enormous one that to discuss it in detail would take up much more time than we have at our disposal this afternoon. Hence, when I undertook to come here and speak on this subject, I was rather puzzled as to what course to pursue; my main difficulty being to know whether you wished to hear about the care of your own or your patients' feet. I made enquiries, and discovered that, not unnaturally, you were particularly interested in your own feet, but would like to hear something about the subject in general.

That being so, I thought that the best thing to do would be to discuss the commonest and the simplest complaints first, and to attempt to give you an account of their cause, prevention and treatment in some detail, and then to deal more generally with those which I think are of interest chiefly to the orthopædic surgeon, but, since nurse and surgeon must work together, may be of interest to you from the after care point of view.

Before discussing the ailments that may assail our feet, I think I should say something about shoes and the construction of the feet.

Shoes

That we should deform and maim our feet by wearing shoes of shapes dictated by fashion is by no means a modern mistake; for the earliest known pictures of man represent him as being shod; and in the British Museum are examples of sandals worn 3,000 years ago; while the Romans not only wore shoes, but even used hobnails in them to prevent wear. Considering that shoes have always been made for feet more or less alike, they have assumed some amazing shapes.

In England, in the Middle Ages, the peculiar drawn-out toe, which was originally devised to avoid a painful excrescence on the end of a prince's foot, became the fashion for his loyal subjects; until eventually the length of the toe indicated the social status of the wearer; for instance, the lower classes were limited to six inches while a baron might wear his two feet long...! Later, in the reign of Henry the Eighth, the growth of a large royal bunion, or more probably gout, caused length to give way to breadth until, in the reign of Mary, the width of shoes had to be limited by Royal Decree to six inches.

In the sixteenth century, high-heeled shoes for women first came into vogue. Catherine de Medici, Queen of France, is said to have sponsored this exaggeration to overcome her lack of inches; but actually the Egyptians had worn high heels many centuries previously. In those days, it is said to have been a common sight for a lady of fashion to have been supported through the streets on the arm of an attendant, or, if she were well-to-do, two attendants—shoes and servants being at once indications of social status and lack of inches.

The Chinese habit of binding the feet is attributed to the fact that the Empress Tali, having congenital club feet herself, had to wear specially small shoes, and this, as always, gave the royal lead to fashion.

The present day demand for a shoe says that it must be inexpensive, fashionable, hard wearing and water-tight, and I think it is only fair to say that the average male shoe of to-day fulfils these considerations. Not so, however, the female prototype. For here, as of yore, Dame Fashion holds the whip-hand and the average evening shoe worn

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