

can determine to a large extent the lines along which her work can extend, and, given a thorough training as a basis, there is no fear of its extending in illegitimate directions. One thing we as nurses must steadfastly maintain: that such of our number as attend the poor should be as efficient as those who attend the rich, otherwise charity were a poor thing indeed, not worth the giving.

Annotation.

SANITATION IN WEST AFRICA.

By degrees we are learning that if health is to be maintained in those tropical regions where malarial fever abounds, and which have in days past been regarded as the "white man's grave," it is essential to pay attention to sanitation. Mr. James Pickering Jones, of Liverpool, pleads in this connection for the appointment by the Government of "a thoroughly qualified man as sanitary commissioner for the whole of the British West African Colonies, whose duty it shall be to spend six months of every year inspecting the various towns, suggesting the best means of dealing with the needs of each place, and with power to insist on his recommendations being carried out. Then, in order to have local supervision and to gather data on which the said commissioner might act, there should be appointed for each large town or group of villages a Local Board of Health, consisting of representatives of the Government, and of the European and of the native population. These Boards should appoint a properly-qualified sanitary officer, who should not be the local medical officer, to superintend the work suggested by the commissioner and authorised by the Board. So that the work should be carried out effectively, there should be a certain sum voted every year for the purposes of sanitation, and it should be understood that the Colonial Governments would encourage the spending of additional sums, if such were required, for important and useful sanitary works."

As an increasing number of our countrymen and countrywomen are going both to East and West Africa each year, as well as to other tropical colonies, it behoves us to ensure that valuable lives are not needlessly thrown away for want of the enforcement of proper sanitary measures, but that all precautions are taken which will tend to preserve the health of those who go far afield in the Imperial interests.

Medical Matters.

ETIOLOGY OF FLATFOOT.

Dr. Michael Hoke (*Atlanta Journal-Record of Medicine*) thinks that flatfoot is due to the following causes:—



1. Using the foot with the toes turned out. Most women, because they are naturally knock-kneed, walk with the feet markedly turned out.

Combining this factor with false pride about shoes, and the fact that nine out of ten lead indolent lives, it becomes readily apparent why so many of them have prominent feet with consequent pain and physical disability.

2. Improperly fitting shoes. If the shoes are cramped, it is painful to use the flexors of the toe, painful to complete the step by rising on the toes, impossible to walk without pain, except by abducting the front part of the foot; then if the fore-part of the foot is not used, all the muscular work has to be done by the gastrocnemius and the tibial muscles. The latter, imposed upon in this manner, soon tire out; then the ligaments alone stand the strain, and they stretch; the astragalus slips downward, forward, inward; unless the process is checked, flatfoot results.

3. Deflection of the tibia above the ankle, and bow-legs may change the line of action of the body-weight, so that the internal arches bear more than their proportionate part of the strain. They give way, with the production of flatfoot.

4. Flatfoot often follows rheumatism, and rheumatoid arthritis of the ankle and tarsus. Frequently the pain in the foot after an acute or long attack of these diseases is due not to the continuation of the disease, but to the changed condition of the tarsal bones and ligaments.

5. Acute and chronic inflammation of the knees, followed by outward deflection of the leg, may produce the conditions.

6. Acute anterior poliomyelitis, paralysing one or more muscles supporting the internal arch, produces flatfoot.

7. Flatfoot may be congenital.

8. Anæmia, acute diseases, great body-weight, &c., manifestly cause weakness of the muscles.

9. Improper walking during convalescence after bad sprains predisposes one to flatfoot.

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