

hence the prominent abdomen—and attacks of indigestion and diarrhoea, or sometimes obstinate constipation; convulsions are not uncommon. Sweating about the head at night is almost invariable.

The treatment of rickets consists obviously in the removal of the cause to begin with, and then in the correction of the deformities by surgical methods, operative or gymnastic.

As regards the removal of the cause, it is, I think, important that we should not talk medical cant. The main trouble is often not so much ignorance, or even carelessness, as deficiency of the wherewithal to purchase proper food. Few things are more nauseous than to hear a young medical man in the out-patient department of a hospital advising the mother to give her rickety baby plenty of milk and cream. Often the true origin of rickets is the drunken father who does not give his wife enough to buy anything but condensed milk for the baby. Or the mother may be unable to suckle her child because she has to go out "charing" and cannot take the baby with her. I once actually heard a young house physician tell a mother, who I should imagine lived herself chiefly on bread and stewed tea, to take her baby to the seaside and give it plenty of cream!

A little higher up in the social scale one comes across the ignorance that is associated with patent foods and nursery biscuits, and here one can do good by "rubbing it in," together with advice to avoid the accumulated sepulchral wisdom of the neighbour (or mother-in-law) who has "buried ten."

A rickety child should be fed really upon milk with extra cream, but cod liver oil or other form of fat is useful provided the child can digest it. Often it cannot until some degree of stomach derangement has received appropriate treatment; and here, again, the practice that obtains in some hospitals of dealing out this malodorous lubricant indiscriminately to all and sundry out-patient babies is rather mistaken. Some of the modern preparations of fat of the "Virol" type are often useful for those who can afford them.

It is sometimes useful to give the salts of lime internally in the form of calcium hypophosphite; but all the lime in the world given by the mouth will not reach the bones if the patient is unable to put it there, and this is the real difficulty with the rickety child.

We have next to think about the correction of the deformities that arise from bending of the softened bones, and our first care must be to take off any pressure from them, and so

prevent the deformity arising if we see the child early enough to be able to do this. We can stop the pressure on the legs by telling the mother to keep the child off his feet; one way of enforcing this is to place the legs in splints which project about two inches below the feet. In infancy we cannot do much for the rickety chest, but later on it can be "expanded" by breathing exercises, and "physical culture" with some form of developer or dumb-bells. The rickety spine can be straightened by massage, combined with keeping the child flat on a couch, or, in the case of an infant, slinging it in a hammock. In all these cases we have to remember that the natural tendency of the growth of the child is towards correction of the deformity, provided that we can prevent it getting worse while we are looking after the feeding of the child.

When the child is not seen until permanent knock knee or bow leg has been established, the legs must be straightened by dividing the bone, or taking a piece out of it, and then fixing the legs in splints until the bones have set in their new position.

After all, the main remedy for rickets is education.

### OUR PRIZE COMPETITION.

HOW DO YOU CARE FOR A CLINICAL THERMOMETER? DESCRIBE THE VARIOUS METHODS OF TAKING A PATIENT'S TEMPERATURE, AND HOW YOU WOULD PROCEED IN EACH CASE. WHAT POINTS WOULD YOU IMPRESS ON A NEW PROBATIONER IN CONNECTION WITH THE USE OF THERMOMETERS?

We have pleasure in awarding the prize this week to Miss N. Windle-Hunter, 8, New Cavendish Street, London, W. The very excellent paper sent by Miss M. Dods is unfortunately disqualified by being nearly 800 words in length, which is regrettable, as it is admirably thought out and written.

#### PRIZE PAPER.

Clinical thermometers are very fragile, easily broken, and consequently require careful handling. When not in use they should be kept in their little metal cases in a cool, dark place, and, when in use, in a small glass receptacle, with a little aseptic cotton wool at the bottom, to protect the bulb, and some cold antiseptic solution, such as carbolic 1 in 60, reaching almost to the end of the stem.

Before taking a temperature the thermometer should be dried carefully with as little friction as possible, and after use should be cleaned with a damp wool swab and placed back in the lotion, where it should remain 30 seconds before taking another temperature.

[previous page](#)

[next page](#)