

OUR PRIZE COMPETITION.

WHAT ARE THE PRINCIPAL REQUISITES IN THE CARE OF RACHITIC CHILDREN?

We have pleasure in awarding the prize this week to Miss Josephine G. Gilchrist, Gilmore Place, Edinburgh, for her paper on the above subject.

PRIZE PAPER.

The principal requisites in the care of rachitic children are attention to details of the general health and surroundings. The treatment is thus preventive as well as corrective, as fresh air, cleanliness, nourishing food, and warm clothing effect more than specific treatment by drugs.

Rachitis or rickets, from an old English word "wrickken," meaning to twist, is a common disease of childhood. The cause is not accurately known. In some forms thought to be due to a specific microbe, there is no doubt that wrong feeding and non-hygienic surroundings play a large part in the prevalence amongst the children in our crowded industrial cities. Scurvy rickets is generally acknowledged as a definite nutritional disease, and when recognized and combated in its early stages, is preventative of those grave constitutional effects in addition to the bone deformities which complicate the successful treatment once the disease has become well established.

While rachitis is naturally most evident where fresh air and good food are limited in quality and quantity, the children of well-to-do parents are not exempt from the various forms of the disease.

Regarded from the preventive as well as the corrective standpoint, the nutritional problem in early infancy is an important factor to be considered.

Deficiency of lime, salts, and fat, or excess of starch and sugar in the food of an infant undermine the constitutional and structural development, and are predisposing causes of rickets, manifested in varying degrees and, unfortunately, at varying periods. Where the mother is healthy, breast-fed babies, provided they are weaned at the proper time, are, as a rule, protected, or, should the symptoms appear later, readily amenable to preventive treatment. Artificially-fed infants, when deprived of their natural food at an early age, are greatly handicapped in comparison. For them fresh, clean cow's milk, suitably diluted in proportionate quantities, is the best food. Patent foods should be avoided as a rule, as such contain starch and are usually only suited to special cases for a certain time. Condensed

milk requires increase of fat and proteid materials, and must be supplemented with raw meat-juice and cream. Albulactin in cases of delicate digestion has proved invaluable, while cod liver oil cream proves a good substitute for cream of milk when there is any doubt of freshness as regards the latter. Virol is a valuable adjunct, though somewhat expensive. In the diet of older children lightly-boiled eggs and porridge with whole milk should constitute a large part of the daily food, with meat-gravy, milk puddings made with eggs, and plenty of milk to drink, and cocoa, in place of tea.

Catarrh of the stomach and bowels are frequently met with in rachitic subjects who are hand-fed. The feeding bottle should be ascertained to be wholesome and sweet, and of hygienic type, without tube. Orange or grape juice should be given as a matter of routine to artificially fed infants.

Rachitic children are usually restless sleepers and perspire freely when in bed. Long flannel nightgowns or sleeping suits should be worn to avoid chill, the bed-clothes should be warm though light, and the child have a cradle or bed in a well-ventilated room protected from draughts.

The rachitic child must be guarded against infectious diseases, and if deformities occur, those should be corrected while the bones are soft and not "set."

Deformities in the early stages may be prevented by holding and carrying the child properly. It should not be allowed to crawl about if the long bones have a tendency to bend. It should be carefully handled at all times because of the tenderness of its limbs. Fresh air and sunlight are essential. It is sometimes irksome for a lively child to lie or sit in the perambulator or chair for any length of time. It is a good plan to place the "pram" in a sunny corner of the court or garden and change the point of view occasionally, which keeps the little one amused and interested in passing events. The mother may take the child on her knee for a change or for a short walk on the grass.

Some doctors advocate the wearing of splints for early deformities; others are opposed to this.

Warm salt water baths, with gradual decreases of temperature as the child is able to stand it, are helpful in strengthening the muscles and limbs. The importance of preventing and treating rickets in the case of girl-children is very necessary, as such may cause the endangering and unhappiness of her life in womanhood should the pelvic bones become

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