

ankle, or else one on the dorsum and one on the sole of the foot. In this way the affected part is treated by this very local application, and the pain diminishes.

This is only part of the treatment, and I would warn you against ever considering that in the use of just one of the therapeutical agencies lies the whole treatment of the case.

The patient with acute Trench Feet is kept at rest in bed. The feet are often left exposed to the air, and the clothes turned back over a bed cradle.

What is aimed at by treatment is to restore the normal circulation of the part.

The acute trench foot is, as has been stated, swollen and discoloured, due to upset of the circulation. Indeed, this may be so marked as to give rise to gangrene, necessitating amputation, and the trench foot is responsible for quite a proportion of limbless men.

The chronic trench foot.—The condition may gradually, or even quickly, subside, or may pass on to a stage in which, without much in the way of swelling, the pain persists.

This is most difficult to treat. An effort is made to restore function by the ordinary physio-therapeutical methods, but the men are frequently incapacitated by pain for some months.

The deformities which complicate this condition are many and varied. Amongst the commonest are, as might be guessed, both Flat Foot and Claw Foot.

The treatment of these conditions, when once they have developed, is on the lines indicated. The deformities should be looked out for, and guarded against, as far as may be, during the acute stage, by splintage (preferably immobilisation in plaster), if indications of their onset are noted.

Another condition sometimes arising is what is called "spasmodic inversion." It is familiar to those of you who have worked, or seen the work done, in the Orthopædic Hospitals.

Trench foot is not the only cause of "spasmodic inversion." A simple, clean bullet wound through the leg, not complicated by any bone or nerve injury, as far as can be ascertained, may give rise to this condition, and these men often give a history of many months' disability.

The treatment is by psycho-therapy (mental suggestion), and electro-therapeutics.

If of long standing, with contraction on the concave side, then a preliminary anæsthetic—wrenching, and plaster of paris are needed for a short time.

I have tried, and seen tried, many other methods of treatment—(1) Plaster; (2) Altera-

tion of boots; (3) Stitch, through the skin, preventing the deformity, on account of the pain produced.

The Results in cases of spasmodic inversion, treated by psycho-therapy, are very good, but one is not always sure that relapse will not take place.

IN CONCLUSION.

It has not been possible in the time allowed to do more than touch upon some of the more common disabilities and deformities to which the foot is liable. If I have succeeded in focusing your attention on the two great problems—structure and function, and particularly function—I shall have done what I set out to do.

The most perfect foot from an anatomical or cosmetic point of view is useless if you cannot walk with it. The correct alignment for weight-bearing purposes, the proper mechanism of the joints, the support of the ligaments of the leg muscles and of the intrinsic muscles of the foot, are all essentials.

Each disability or deformity that we come in contact with is a separate problem. We study it, we try to correlate the symptoms with the deformity; and then we attack the structure, if need be, and endeavour to reproduce the normal, in order that we may restore function, without which all our efforts are in vain.

POISON GAS CASES.

It is reported that the medical officers of the Canadian Army Medical Corps have found the best treatment for poison gas cases to be a special kind of baths and clothing. Within four hours of this decision the necessary baths and supplies had left the Canadian Red Cross base for the advanced dressing stations, and the number of serious cases was greatly reduced.

OUR PRIZE COMPETITION.

We regret that the papers sent in this week do not include one of sufficient merit to warrant the award of a prize. The strenuous conditions of life, and more especially of a nurse's life just now, are no doubt accountable.

Mr. H. Kemp Prossor wishes it to be known that he is prepared to supervise a colour ward in any hospital, and that in no circumstances will a fee be charged.

[previous page](#)

[next page](#)