

diagnosis of malaria, as there was a superstition in Russia that when Anti-Christ comes he will take blood from the finger.

One of the tenets of Tolstoi was that no life should be taken, and she had strong arguments with some of his family who considered it terrible that she should destroy lice.

On the whole the Russian peasants were splendid. Miss Payne also paid a high tribute to the doctors, but said they did not seem to care what the nurses were, and there was no organisation of Health Visitors. If the funds could be raised, it was proposed to start a training school in Moscow for Public Health Nurses. She thought public health conditions in Russia should improve, as the people were keen on learning.

Lord Phillimore recently made a presentation, on behalf of the Royal Borough of Kensington, to Sir Alfred Rice-Oxley, C.B.E., M.D., in recognition of many public services rendered to the residents. The presentation took the form of a portrait of Sir Alfred by Mr. W. W. Russell, A.R.A. A diamond pendant was presented to Lady Rice-Oxley.

We remember Sir Alfred, a delectable young House Physician at the London Hospital. When, having been appointed Matron of St. Bartholomew's Hospital in April, 1881, we hurried back to duty in Charlotte Ward, and when busy cutting up soap on the lobby table, Dr. Rice-Oxley came in to inquire:

"Who was appointed Matron of Bart's?"

"I was," I replied, going on cutting.

"Nonsense," protested the future famous Mayor of the Royal Borough of Kensington, then known to his admiring nurses as "the modest violet," owing to his personal charm and lack of "bounce."

"That remains to be proved," we replied.

"Well, if you won't tell me, I must find out elsewhere." So with dignity he departed, still doubting the truth. It was rather astounding.

Later, of course, there were apologies and hearty congratulations, and that's the end of that little tale. Sir Alfred is a great favourite with his fellow-members of the R.B.N.A., and has often proved himself a very kind friend.

#### AN ALLEGED SPECIFIC FOR GENERAL PARALYSIS

The Ontario Government, says the *Times*, has completed arrangements with the Rockefeller Foundation by means of which tryparsamide, which is said to be a specific for general paralysis, will be available in the Province.

#### FOOT DEFECTS IN CHILDREN.\*

By FLORENCE A. SHERMAN, M.D.,

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Too little attention has been given to the feet of children. Foot troubles in adult life have their beginning, many times, in faulty development of foot tissues in early childhood. At the end of the first year of life the baby begins to stand alone. The bones of the feet at this time are hardly more than an orderly arranged cartilagenous mass. At this time these structures are in a condition to be greatly influenced by pressure. Hence the wisdom of experienced and periodic supervision as to foot wear and foot care throughout this important period of development. There are two factors commonly at work to defeat the fulfilment of Nature's plan.

First: A deviation in the normal mechanical relation between the trunk and leg (acquired and congenital).

Second: Improperly designed shoes.

The first is frequently noticed in the tendency of the child to pronation of the feet. Much can be done to correct this by proper exercises, passively given in very young children, and more actively when the child is old enough to co-operate intelligently.

The question of shoes takes the second place in the scheme of prevention. We have to look to the baby, the savage, or the Oriental for a normal foot in these days. We find frequently that, long before the baby has any inclination to stand, his feet are encased in leather coverings, which in the nature of things must affect their development. From that time onward the foot, when in use, is always subject to restrained movements. In order to prevent this it is important to select children's footwear with great care, and with intelligent understanding of the needs of the growing foot. The first shoe should be soft, with flexible soles, have a straight inside line, and plenty of room for toe spread, as well as room for toe drive forward. The shoe should always be sufficiently wide at the ball of the foot to avoid crowding of the heads of the metatarsal bones together when the wearer is standing. Shoes should always have a straight inside line.

Much definite muscle training can be given very young children, and also certain passive exercises should be given in order to assure proper foot development. In older children the games which will call for toe gripping,

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