

THE HOSPITAL WORLD.

THE QUEEN'S HOSPITAL FOR CHILDREN, HACKNEY ROAD, BETHNAL GREEN, E.

Those institutions devoted to the care of sick children form a most interesting group in the hospital world, because—as Miss A. M. Bushby, the Matron of the Queen's Hospital, Hackney Road, is wont to emphasise—in the Children's Hospitals the coming generation are being cared for. Hospitals for adults deal with that which is passing.

A visit to the Queen's Hospital will show how alive it is to the needs of its *clientèle*, and how much it is appreciated by them. Go there in the morning and you will see its entrance hall and passages filled with a crowd of those seeking its assistance.

THE MERCURY VAPOUR QUARTZ LAMP.

Visit the Out-patient Department, under the guidance of a keen and courteous medical woman on the Visiting Staff, and you will see the treatment of rachitic, and tuberculous children being carried on by means of a Mercury Vapour Quartz Lamp (with metal hood), as is shown in the illustration which, by the courtesy of the authorities of the hospital, we are able to present. In this lamp the light emanates from glowing mercury vapour in a quartz tube.

Rickets is very specially prevalent in the early months of the year, and it is assumed that a deficiency of light plays an important part in its development. Exposure to light containing the invisible ultra violet rays is curative in the active stage of rickets, though it cannot, of course, set right old rachitic bone deformities.

The patients, as will be seen, are exposed to the rays, wearing only short pants, and spectacles to protect the eyes. The exposure lasts for from three minutes for a first treatment, to half-an-hour. That the children do not object to it is evident from the fact that they sit happily playing during the process, and apparently the green appearance of everyone in the room does not disconcert them in the least.

Another factor concerned in the production of rickets is a vitamin deficiency, and one of the investigations conducted in Vienna by medical women and others into dietetic

diseases, and more especially into the ætiology of rickets proved that in the case of rats fed on a diet deficient in vitamin A, irradiation with the Mercury Vapour Quartz Lamp can prolong normal growth on a diet almost free or free from vitamin A. The Report to the Accessory Food Factors Committee, appointed jointly by the Medical Research Council and the Lister Institute, states that, whereas without irradiation, growth ceased to be normal after about seven to 10 days, *with irradiation* it continued to be normal for from 35 to 50 days. The conclusion, therefore, is that when irradiation is applied, either the vitamin is economised, or else the vitamin stores are forced to yield up vitamin at a rate sufficient to allow of normal growth until the whole is exhausted. At any rate, treatment with the ultra-

violet rays results in the promotion of calcification in rickets, this effect being produced probably owing to the absorption of the rays by the skin, though how it is achieved is not known, but that the result is beneficial both to the process of calcification and to the general health is unquestionable.

DIABETIC CHILD TREATED WITH INSULIN.

An interesting case at present in the hospital is that of a little boy five years old, who is being treated with insulin, which is administered twice a day subcutaneously—in the early morning before food, and again in the middle of the day before the principal meal. At the same time he is carefully dieted, his daily allowance being 4 ozs. of meat (cooked), 4 ozs. green vegetables (boiled three times), $\frac{3}{4}$ oz. butter, 2 ozs.

bread, 1 oz. bacon, $\frac{1}{2}$ pint milk and two eggs. The child looks bright and alert, not at all in the distressed emaciated condition which one associates with diabetes.

It must be remembered that, in the words of the Medical Research Council in their Report—"Insulin is not a 'cure' for diabetes. The diabetic suffers from a lack of insulin production by his own pancreas; his body thus becomes unable to deal with sugar and he suffers from the resulting symptoms. In the earlier stages these can be controlled by dieting, but the condition is usually progressive, and ends after distressing illness in early death. The administration of insulin from external sources makes good the natural deficiency, and so long as the treatment is maintained the diabetic patient becomes, in fact, a non-diabetic



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