

tinued throughout, the sickness had ceased, and in many cases where other hand-fed members of the family had suffered from rickets, the children thus treated had been entirely free. He did not think it well to continue the treatment at any length of time, gradually leaving it off when the digestive functions were re-established. He was accustomed to order patients who were unable to take even small quantities of cod-liver oil, mutton suet boiled with the milk, and the cod-liver oil used as an inunction.

R. W. Parker said: "Dr. Finlayson had referred to the occurrence of rickets in Glasgow synchronous with the employment of women in the factories. This supported his (Mr. Parker's) contention fully, for no one would gainsay the statement that factory life was very inimical to general health, and that factory women became too weakly to bring forth healthy, strong children. As regarded the connection of rickets and scurvy, he (Mr. Parker) could not persuade himself that this was classical scurvy as seen among sailors, or, indeed, hardly allied to it. If one hundred men were fed on a scurvy diet, all would get scurvy; on the other hand, this so-called 'scurvy-rickets' was a very exceptional disease, notwithstanding the fact that thousands of children were fed on the diet said to produce it. As regarded treatment, he thought that plenty of fresh air, bathing the body in sea-salt water, with subsequent rubbing and massage, the use of fresh food as opposed to the prepared foods, would effect a cure, and that drug remedies might be given up. If it could be had, he would recommend a basin of good Scotch oatmeal porridge every morning for breakfast. He concluded by congratulating Dr. Cheadle, the President of the Section, on the very interesting debate he had initiated.

Dr. Cheadle, in reply, expressed his satisfaction at having the support of Professor Ranke, with regard to the views he had ventured to put forward as to the etiology of rickets; and he thanked him for the valuable pathological evidence he had furnished as to the visceral changes met with in this disease. He could accept Professor Jacobi's views as to the influence of inheritance in the production of rickets, so far as they implied merely the transmission of an enfeebled constitution, favorable to the development of the rachitic state, which was immediately due to faults of diet and hygiene. He could endorse Professor Jacobi's experience as to the

evil effect of cow's milk given merely diluted with water. It required preparation by boiling, and mixing with barley water, or some preparation which would ensure the minute subdivision of curd masses. Given without such precaution, the massive curd clots produced too often vomiting and diarrhoea, which were so constantly the first step in the development of rickets. His experience, however, did not lead him to place so high a value as Professor Jacobi upon the therapeutic value of phosphorus. But his use of it had been limited, and he was prepared to give the drug further trial. Dr. Carmichael had drawn attention to a point which had been raised in his introduction of the subject, namely, the prevalence of rickets amongst the children of the better classes, and the fact that in such cases the children, being fat and apparently well nourished, the co-existent rickets was often overlooked. The remark by Dr. Ashby that inheritance often told by the transmission of dyspepsia, was borne out in some degree by the fact that in some families an inability to digest cow's milk appeared to be common to all the children. He agreed that the condition of the liver and spleen was not constant, and must for the present be regarded as cachetic, and not specific in character. Mr. Owen's remarks on the efficacy of patent foods in exciting rickets were true; the explanation lay in the fact which he had demonstrated, namely, that such foods were largely deficient in animal fat, and in proteid. The facts supplied by Dr. Finlayson as to the increase of rickets in Glasgow were most interesting and instructive. Mr. Freer's statement as to the value of peptonized preparations in feeding children must be received with some qualification. Digested foods were of great value in gastro-intestinal irritation; but they should be used temporarily only; given continuously, they caused enfeeblement of digestive power, by superseding the natural function, and appeared to be liable to cause rickets and scurvy. Cases of the kind had come within his knowledge, for which no other cause could be found. Mr. Parker's views upon etiology had, he thought, been sufficiently answered beforehand in his introductory exposition. He must also take exception entirely to the statement that spongy gums and foetor of the breath did not occur in infantile scurvy. This was not so; these signs were usually present;