

I have observed. It was the child of C., seven months old, which had been fed on the whole gamut of artificial foods. This was a tiny cranky marasmic mortal whose poor bones were so sore to the touch nay his whole frame, that the poor child would make night and day hideous with his wailings. Sometimes his temperature was raised a degree or two. His digestive system was all awry from tongue to anus. Now his parents wanted to know why a swelling had appeared on, I think, the left thigh. Was it periostitis or an abscess or what? No, this was a haemorrhagic swelling of the skin and muscles, not unlike that which happens in real scurvy. In addition to the above symptoms the pallid, old facies, the sweaty head at night, and a tendency to the rib rosary indicated rickets, but there was no marked epiphyseal enlargement of the long bones. The cure? Patent foods were abolished and the child fed on orange juice, meat juices, and strained gruel. It had been noticed that the child yearned after the porridge on the table, significant sign. Ricketty children grow wild at the smell of good porridge or bread and milk. They are not so keen to take orange juice always, so that it is necessary to administer as much as they will take. Then there were the twin B. boys, square-headed, old-looking little chaps about a year old with fontanelles still unclosed, arched backs, delayed dentition, and sweaty heads at night and given to passing green, fetid stools. Even after appropriate treatment they declined to walk for months, because their bones were too weak to support them. Evidently they were affected by chronic rickets due to faulty dietary, owing to their mother's state of ill-health and inability to nurse them. Fruit Juice, bread and milk, gruel and grey powder put the bigger one to rights, but the smaller one was slower to respond and ere he got out of his ricketty state he was overtaken by a low form of congestion of one lung which carried him off despite all stimulation. Ricketty children are bad subjects for acute complaints. Due also to persistence in artificial food feeding was the S. child whose ricketty condition was also marked by broncho-pneumonia. With a good pulse, however, it was evident that the lung trouble was a side issue. To have treated the broncho-pneumonia only would have