

lung, and it has been stated as a result that tuberculosis as a general rule commences in the apex of the lung.

(4) *The Urinary System*.—Having the question of calculi to be mentioned under the heading of foreign bodies, some work has been done in investigating hydronephrosis. In this work silver salts have taken the place of bismuth and the pelvis of the kidney has been dilated by catheterisation of the ureters.

The differential diagnosis between renal calculus and malignant growth or tuberculous disease has also received some attention.

(5) *Uterine Conditions*.—In America two workers have recently published a paper on the differential diagnosis of a fibro myoma and pregnancy. Side views of the abdomen were taken with an exposure of four seconds and the spine, thorax, legs and arms of a foetus were plainly seen. These observers have now examined more than 150 pregnant women and they state that the foetus is observable from the fourth month.

(6) *Foreign Bodies*.—There is a classic photograph at the London Hospital of a toy bicycle with a wire monkey in the bronchus of a child from which it was successfully removed. Until recently it has been even with the aid of an X-ray plate a difficult matter to remove needles, splinters, etc., from hands and feet, for the reason that the angle at which the object is lying is not reproduced on the plate. Now, however, instruments have been invented bent at right angles, so that it is possible to work under the X-ray screen itself.

Renal and vesical calculi may be detected, although in the latter case the cystoscope is more frequently used. Gall stones cannot be seen unless surrounded by calcium. I have left myself no space to deal with treatment by the X-rays, but I might just mention that it has been employed successfully in the reduction of the size of spleens both in Hodgkins disease and other diseases affecting the spleen.

RICKETS (RHAKHITIS).

By CAPTAIN HARKNESS, I.M.S.

Definition.—A disease of infants, characterized by impaired nutrition of the entire body, and alteration in the growing bones.

Etiology.—It occurs in all parts of the world, but is most prevalent among the badly-housed and ill-fed poor of the big cities. Lack of sunlight, impure air and lack of exercise are important predisposing causes. A disease of 1st and 2nd years of life rarely occurring before 6th month. A faulty diet is one of the most important factors in the production of the disease and it is therefore far more common among artificially fed than the breast fed infants: the deficiency of animal fat and protoid being mainly responsible.

Morbid Anatomy.—The bones show the most important changes, especially the ends of the long bones and ribs and this is due to abnormal multiplication of the cells in the zone between the epiphesis and the shaft and consequently the bone ossifies imperfectly and neither grows naturally nor does it attain to normal firmness. In the skull, the bones ossifying abnormally, areas in the parietal occipital region are soft and yield readily to pressure by the finger; on the frontal eminences there is overgrowth of bone leading to bulging of the forehead. Liver and spleen usually enlarged.

Symptoms.—Disease comes on insidiously about the period of dentition. May be preceded by digestive disturbances; the child's general condition is usually markedly impaired. Slight fever, irritability, restlessness and sleeplessness. Most important general symptoms noted by Sir William Jenner :—

(1) Diffuse soreness of the body, so that the child may cry out when attempts are made to move it.

(2) Slight fever, restlessness at night, and a tendency to throw off the bed clothes.

(3) Profuse sweating particularly about the head and neck.

These general symptoms are of the greatest importance as they often precede or at all events may often be noted some time before the bone changes are at all obvious. Tissues soft and flabby; skin pale, and the child becomes feeble. Soon skeletal changes are noted. Among the first are changes in the ribs at the junction of the bone with the cartilage, a ridge of small nodules forming what is known as the "rickety rosary." Just outside this a shallow depression forms. The sternum projects particularly at its lower part forming the "pigeon breast." The head looks large in proportion to the face and body, frontal eminence large, fontanelles close late and the softened areas mentioned in the morbid anatomy can be felt. The teeth are late in coming, this is a most marked feature in rickets. Lower ends of radius and ulna enlarged. The changes in the pelvis are most important especially in female children as they may lead to deformities with narrowing. Lower end of tibia enlarged. As the bones are soft if the child walks, the tibiae always become bent. Also green stick fractures easily occur. Abdomen is large. Rickety children are very subject to convulsions.

Treatment.—The feeding of the children is the first and by far the most important consideration in general treatment. If the mother cannot nurse the child a suitable wet nurse should be provided; if this cannot be done, cow's milk diluted according to the age of the child must be given; examine the stools, if curds are passed the child is receiving too much or the milk is not sufficiently diluted. Barley water and carefully strained well boiled oatmeal gruel form excellent additions to the milk. Some-

times the addition of 1-2 gr. of Sodium Citrate to each ounce of milk is found useful in making the milk more digestible. Dress warmly and keep in fresh air as much as possible. Bathe daily in warm water. Careful friction with sweet oil most useful. Prevent deformity by applying splints extending beyond the feet and so prevent walking. Cod Liver oil $\frac{1}{2}$ —1 teaspoonful three times a day may be given. The most important is the feeding.

VISIT TO THE PANDHARPUR FAIR.

PANDHARPUR is a moderately large town in the Sholapur district, about 30 miles from Barsi Road. It has no special industries but it is well known as containing a shrine at which many thousands of religious devotees perform their worship. Three or four times a year fairs are held here but the greatest is the Ashadi which takes place sometime in July as a rule. Thousands and thousands of pilgrims attend this great fair coming many miles from all over the Southern part of the Presidency.

Pandharpur contains the temple of Shri Vithoba, which like many others, is not a particularly imposing edifice. It is interesting to study the popularity of this place. Tradition records that many years ago there lived here a man, called Pundilik, who when a young man, was not very filial towards his parents neglecting them and showing them no respect. One day, as he was going on a pilgrimage, Vithoba, a Hindu deity, appeared before him and pointed out the error of his ways. Thereafter he became a remarkably devout man and showed great attention to his parents, taking care of them and making them comfortable for the rest of their lives. Vithoba was very pleased with his devotee and as a result granted a boon whereby all people could come into his presence. Vithoba was therefore accredited as the people's god and herein lies his popularity. All and sundry can worship at his shrine.

Pandharpur was named after Pandurang, one of the names of Vithoba by King Shalivahana in A. D. 83. The place is alluded to as the seat of the deity Vithoba but it is doubtful if the present idol was then in existence. This idol is situated in the temple of Vithoba and is a stone figure about 4 feet high. Formerly the devotees were allowed to embrace it but during the Ashadi fair of 1873, the idol was broken by two Gosavi merchants (said to be pariahs in disguise) and now embracing is no longer allowed, only touching. It may be mentioned that only about 1% of the devotees are Brahmins. As stated already, the age of the idol is doubtful. Its style is said to date back to at least the 5th or 6th century A. D. but an idol chamber and anteroom were built in 87 A. D. and this would presuppose the existence of an idol. The present style of the temple indicates the 16th century.