

impaired stability of the nervous centres which frequently exists also, may be seen in the liability of these infants to screaming-fits at night, night-terrors, or slight convulsions following upon mildly irritative stimuli proceeding from the gastro-intestinal tract.

The initial lesion consists of an obtusely conical papule, which appears singly, or in small groups, upon the back, loins, buttocks and limb. It is situated upon a reddish, inflamed base, and it is likened by the mother to a "heat-bump." True urticarial wheals may co-exist, and secondary lesions, such as scratch-marks, are very common. Sometimes a small wheal appears first, and, in defervescing, leaves behind the papule. A very slight elevation of temperature may be observed with the onset of the disease, and the child is very restless and continually rubbing and scratching the affected areas. It is almost impossible to draw a hard-and-fast line between cases of this kind and those in which there is also some slight glandular enlargement, and which are indistinguishable from the milder varieties of prurigo described by Willan. As Malcolm Morris has pointed out, lichen urticatus may be considered a connecting link between urticaria and prurigo.

As the lesions fade away, the urticarial elements become less and less conspicuous, while the papules themselves tend to become flattened at their apices, and begin to assume a distinctly lichenoid aspect. If the child should be brought for inspection at this stage, the appearance of numerous flattened, and even shiny, papules, especially when grouped upon the extremities, may, at first sight, be somewhat deceptive, but the absence of the violaceous tint, central depression, and striation; together with slight but still definite urticarial lesions, should negative the diagnosis of lichen planus.

The treatment consists in removing every possible source of irritation, correcting any error in habits or diet, and in applying soothing remedies locally.

The quality and nature of the milk the child is receiving should first be inquired into, the stools at the same time being carefully examined. If the latter contain curds, the substitution of a little weak broth, or whey with a few drops of meat-juice, for a day or two, may be all that is needed to set the intestinal tract in order again. If the stools are green and offensive, 1 grain of Hyd. c. Creta with 3 of Sod. Bicarb. may be given in a powder night and morning to an infant of nine to eighteen months until the motions become natural, when 2 grains of salol with 3 of Sod. Bicarb. may be given in a little mucilage mixture, flavoured with dill or anise, thrice daily. In older children, the starchy elements in the food must be reduced to a minimum, or omitted altogether for a time. Biscuits, cakes, sweetmeats, and

oatmeal must be given up, and plenty of good cow's milk, boiled and suitably diluted, together with broth, gravy, finely-minced meat, and small quantities of fresh fruits may be allowed instead.

Soap had better be discarded altogether for the time being, at least for the affected areas, for washing, which bran-water will be found most useful. A little super-fatted soap containing oatmeal may be employed for the face and hands.

Among external applications carbolic acid is the most important and the most generally useful. A lotion containing $\text{m} \cdot \text{v}$. of acidi carbol., $\text{m} \cdot \text{ij}$. of glycerine, 1 dr. of alcohol to the ounce of water, is a favourite combination. An alkaline bath of 1 oz. of sod. bicarb. to 30 gallons, morning and night, will do much to relieve the irritation. The hands of a young infant should be tied up at night, and a few grains (3—5) of chloral hydrate may with advantage be administered for extreme restlessness.

One very frequent abnormality of the child's skin—one might almost say with Dr. Goodhart that it is a "normal" one—consists in an undue dryness and harshness, which may be well marked all over the body. The natural lines and markings of the skin are all deepened and intensified, while the skin presents a somewhat dirty, "stale" appearance. In fact, the condition is one of mild xerodermia of a congenital origin. In cold weather the lips of such children are often chapped, and nummular patches of squamous eczema may be seen upon the cheeks and near the angles of the mouth. Some degree of keratosis pilaris affecting the antero-lateral surfaces of the thighs and postero-lateral aspects of the arms generally co-exists, while the skin over the tibiae may be covered with adherent, branny scales. The general health is unaffected, though these little patients are more apt to suffer from constipation than others.

Pathologically, in long-standing cases, there is a thickening of the horny layer, the rete is somewhat thinned, and there is nearly always some evidence of degeneration of the glandular structures.

Can such a skin be rendered soft and pliant? Very much can be done towards it in the early stages of the disorder, though the dryness will probably be more or less persistent throughout the life of the individual. Warm baths should be used frequently, the skin being well lathered with *sapo viridis*. After the bath, the Ung. Glycerini Plumbi Subacet. of the B.P. may be rubbed in over the worst areas, no further treatment, in many cases, being required. If there be much scale formation or epidermic thickening, 10 to 20 grains of salicylic acid with equal parts of lanolin and benzoated lard to the ounce will be found of service as an ointment. Thyroid extract, which sometimes has a favourable, though temporary, effect in these cases, is worthy of a trial under careful supervision.

Anyone who has to inspect the skin of large

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