

# The Midwife.

## INFANTILE ECZEMA.

Mr. Haldin Davis, F.R.C.S., in an interesting abstract on Infantile Eczema in the *British Medical Journal*, says that the eczema of infants has afforded, since many years, material for dermatological speculation. As to etiology there are two schools of thought: "Many observers especially those on the Continent, hold strongly the opinion that it is due to some error in metabolism, and to overfeeding. Others on the contrary think that external causes are most potent. The present writer is strongly inclined towards the later theory." He quotes Dr. Hall, of Sheffield, as having pointed out some very suggestive facts:—

"In the first place, in the great majority of cases the eruption starts on the face and head. These are the only exposed parts in the warmly swaddled infant. (1) An infant is exposed to many new external surroundings which are capable of acting as irritants. (2) The most exposed part of its surface—that is, the face and head—is in almost all cases the starting point of the eruption. (3) The skin reflexes are far more widely distributed and easily called forth in the infant than the adult. (4) There is evidence that the majority of cases begin in the colder seasons of the year. As the children grow older their skins become obviously tougher, less sensitive, and therefore less vulnerable. Hence the tendency in most cases to recovery. It is only exceptionally that eczema persists beyond the third year.

"This last point brings me to the consideration of the prognosis in infants. The mortality among eczematous infants in hospital practice is exceedingly difficult to ascertain; they cease to attend the skin department, and one presumes it is because they are cured; in a few cases it is because they are dead. It is well known that eczematous infants are liable to bronchitis and asthma—in fact, that they have delicate chests. This tendency is quite likely *prima facie*, for, as they have hypersensitive skins, so it is not surprising that they have hypersensitive mucous membranes.

"When an eczema baby is attacked by a serious chest complaint it is brought, not to the skin department, but to the general physician, and the result is that its demise remains unremarked by the dermatologist. There seems to be a considerable amount of evidence that the expectation of life in these infants is not so good as in normal children. A paper read before the Children's Section of the Royal Society of Medicine shows that of twenty-eight babies who were sufficiently seriously ill with eczema to be admitted as in-patients to a large hospital six died from various causes. In every case the eczema disappeared, or nearly disappeared, before death. The explanation I would offer of that fact is not

that the disappearance of the eczema killed the baby but that the fall of blood pressure on the near approach of death removed the erythema and rendered the eczema nearly invisible.

"As regards the treatment, believing as I do in the preponderating importance of external conditions, I consider the adequate protection of the inflamed cutaneous surface of the greatest importance. It is obtained by the application of a bland emollient which has no chemical action upon the skin but which checks evaporation from the surface and which prevents irritation from the deposition of dust and from friction of clothing. The form of friction against which it is most necessary to guard is that of scratching. For this purpose, it is usual, when dealing with infants, to apply splints to the arms about the elbows, thus preventing them from being bent and keeping the hands off the face. Formerly, when the children were confined to bed, I used to have the arms tied to the edge of the bed, but lately the Sister of the Medical Ward of Paddington Green Children's Hospital (Miss Probyn), has devised a much better method. A large towel is taken; the child is wrapped up in this, it is pinned down the back, while the lower edge is drawn up and pinned round the child's forearms, which are flexed to a right angle at the elbow. Thus the infant is confined in a sort of strait-jacket which has the advantage of keeping the child warm and does not interfere with proper nursing, as it can be lifted up out of bed and carried about without undoing any bandages.

"The drug which I regard as the therapeutic sheet anchor in this condition is zinc oxide, which may be made up either into a thin cream or a thick paste. Except in very mild cases it is spread on a mask of butter muslin for the face or on lint for other parts. Treated on these lines, most cases clear up within a reasonable period. On the other hand, it must be admitted that there are some which refuse to do so. The only other drug which, in my experience, is of much avail is lenigallol, which may be added to the zinc paste in the proportion of 10 or 20 grains to the ounce. This sometimes seems to effect an enormous improvement. Occasional painting with a weak solution of silver nitrate also in some cases is very helpful."

## WELFARE OF INFANTS.

To meet the demand for training of volunteers who have enrolled since the War for service at infant welfare centres, the National Association for the Prevention of Infant Mortality and for the Welfare of Infancy, 14, Tavistock Square, W.C. is organising a very comprehensive course of eighteen lectures, as well as practical demonstrations at infant consultations, to be given in London from October 19th onwards. The subjects

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