ON THE TREATMENT OF ECZEMA BY BANTINGISM.

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IT is familiar to every practitioner that eczema is specially common amongst infants, and particularly amongst lymphatic infants, that is to say, fat and pasty-looking infants. I do not refer only to those instances in which the very fatness of the infant is the mechanical cause of the complaint; that is to say, where "a fold" of skin in the fat infant becomes raw and discharging (intertrigo); but I refer to the well known fact that infants of this constitution are more liable than others to eczema (of the scalp and other parts), not coming under the head of "intertrigo," and that their eczema is more profuse in its discharge, whether that discharge be serous or purulent, than it is in other infants; it is also more obstinate.

I recently recorded in the JOURNAL some experiments I had made with iodoform as an application in such cases, and which succeeded very well as a means of reducing the eczema of such infants from the discharging to the dry condition pretty rapidly. As to that, I was supported by other writers.

But from some observations I have recently made, I have reason to think that Bantingism as applied to such infants is as rapid in its effects, and if sustained, is of more permanent efficacy. Some years ago the late Mr. Banting was under my care for eczema, and I had an opportunity of conversing with him pretty frequently on the system of which he was the apostle. It is through this accident that the idea suggested itself to me.

I have used the word infant for the sake of convenience, but I refer rather to very young children. To Bantingise a suckling infant is, of course, not very practicable, but a child of two or three years old can be dieted very readily. It does not appear necessary to the end in view that the diet should be restricted in quantity as well as in quality, which of course was essential under the *regime* laid down by Mr. Banting, or rather by the late Mr. Harvey (the aurist) for him. It is simply necessary to limit the fat-producing elements of food for the amelioration of eczema in lymphatic young children. At least so I have found. By this means their excessive obesity becomes diminished and their eczema very remarkably improved within ten days of commencing the regimen, and that without any injury whatever to their general health, so far as I can judge.

In place of pure milk, they should take milk diluted with an equal or even a double quantity of water. In place of bread and butter they should take dry toast or dry biscuits; and with these particular articles of food they may be supplied indefinitely. All the fat is to be carefully cut away from such meat as they may partake of, and they should not be allowed pork, veal, or lamb. They may have poultry or game, or fish, except the oily kind of fishes, such as herrings, salmon, eels, etc.; and the fish they partake of should be broiled (not fried). They may eat boiled vegetable tops, but not vegetable roots, such as potato, parsnip, beet-root, turnip or carrot. Beef-tea (the melted fat being carefully skimmed off) is permissible in any quantity, and so also toast and water. Cooked fruit (not sweetened) may also be allowed.

But the principles of the Banting treatment are universally known. It only remains for me to say that cod-liver oil (the favourite remedy, *par excellence*, for the condition of which I am speaking) is quite incompatible with the treatment I am advocating. Of course, the health of the child should be watched; and it should be weighed at the commencement of its dieting, and afterwards from week to week.

INJURY PECULIAR TO CHILDREN, PROBABLY
DISLOCATION OF EITHER END OF RADIUS.

By WILLIAM SNEDDON, M.D., Beith.

A SHORT article, entitled "Dislocations of the Elbow-joint in Children," by Mr. S. H. Lindeman, which appeared in THE BRITISH MEDICAL JOURNAL, March 18th, interested me, because it is the only notice I have observed of this injury, except the one referred to in Mr. C. Heath's *Minor Surgery*, and is one which has attracted my attention, as I have notes of several cases. From what little has been written on the subject, there is great diversity of opinion as to the seat of the injury and its nature. The injury is described by Heath as being rare, but I have seen ten cases in as many years, and Mr. Lindeman says he saw ten in a year; the injury would either appear to be so trivial as to be beneath the notice of publication, or else we must be acute observers (perhaps too acute), to which qualification personally I do not lay any claim. So far as my observation has gone, it is generally

confined to children who are delicate and atonic, and who are not more than six years old.

A typical case is this. A child is brought who is suffering pain in the arm, with inability to lift the fore-arm, or to catch anything offered to it, with the arm not quite semi-flexed, and the fore-arm fully pronated as a rule. The injury, in seven of the cases, was situated at the elbow, though in three it seemed to be at the wrist. There is seldom any deformity to be seen or felt; but, when the fore-arm is supinated and then flexed, a slight *click* is usually heard or felt, and the pain vanishes in a minute. If one now offer a coin to the child, it will lift its arm and catch hold of it at once. Sometimes this manipulation is not sufficient, for, besides supinating the fore-arm, the hand must be flexed on the arm. The injury is very apt to recur, and may not do so at the same seat, for I had one case in which the injury seemed to be situated at the wrist twice and once at the elbow. Another case had it thrice at the elbow; once when the child was on a visit. The surgeon who examined it could detect nothing, but after making his examination it was better. This I believe to be one reason of its so-called rarity; for, on making the customary examination for some probable dislocation, it is rectified, and it is quite a possible thing that some cases rectify themselves, for the displacement is so slight.

Mr. McNab, of Epping, who was the first to write about it in this country, thinks it is the lower end of the radius which is dislocated from the ulna. M. Goyrand says it is a displacement of the interarticular cartilage of the wrist, at the end of the ulna. Other French surgeons, also Dr. Hodges of Boston, and Mr. S. H. Lindeman, think that it is the head of the radius which is displaced at the elbow. Mr. C. Heath thinks it occurs sometimes at the wrist, and other times near the elbow, and this is my opinion. I am not prepared to say what the exact nature of the injury is; but, in those cases at the elbow, it seems to be a slight displacement of the head of the radius forwards and probably outwards. In one case at the wrist the injury was not remedied, though I supinated the arm and flexed the wrist, till I moulded the parts, as it were, surrounding the wrist-joint. This, I thought, might be a case of displacement of the ulnar interarticular cartilage, but I am more inclined to think that the injury at the wrist is due to displacement of the lower end of the radius.

The majority of the cases which I have seen were caused by some one catching hold of the hand of the child, who was then dragged towards them. In a few cases, where I could get more reliable information, a nurse-girl stood behind the child, who was sitting, caught it by the hand, which caused it to rotate, as it were, on its elbow-joint, with its arm fully pronated, and raised it at the same time from the floor.

CLINICAL MEMORANDA.

PREGNANCY COMPLICATED BY ACUTE RHEUMATISM;
PREMATURE DELIVERY AND DEATH.

S. A. P., aged 31, was seven and a half months advanced in her fifth pregnancy. She had rheumatic fever in her childhood, and again eight years ago. The heart was said to have been then affected, but of this no trace was left. The recent illness began on the morning of March 6th. When she was first seen that day, both wrists and the finger-joints of the right hand were affected. Temperature 103.8. There were no cardiac symptoms. She was treated with salicylate of soda. On March 7th, the pain was relieved; but there was great dyspnoea. A loud systolic apex murmur was heard. Temperature 103.2°. On March 8th, in the morning, there was no pain; the dyspnoea was relieved. Temperature was normal. She complained of vague pains in the abdomen. In the evening, the patient was delivered, by a single pain, of a dead child. When she was seen, within half an hour after delivery, the temperature was 100°; pulse 120; respirations 56. A mucous rattling was heard in the throat, and moist sounds over the larger air-tubes. The placenta came away easily and without hæmorrhage. Stimulants and expectorants were administered. On March 9th, in the morning, she was comfortable; the breathing was easy, and the temperature normal. In the evening the temperature was 99.80. Pain had returned in the right wrist and ankle. On March 10th, in the morning, the temperature was 104.5; the pain was no better. The dyspnoea had returned, and there was much bronchitis. She gradually sank, and died soon after midnight. The chief points of interest about this case are: the extreme rarity of acute rheumatism as a complication of pregnancy; and the fact that delivery did not take place when the pyrexia was at its height, but after the temperature had been lowered, and when the patient was feeling comparatively well.

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