CLINICAL NOTES.

A CASE OF NODOSE BROMIDE ERUPTION IN A
BREAST-FED INFANT.

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(Communicated with comments by A. WHITFIELD, M.D.)

THE subject of this note was brought for consultation on May 16th, 1916, with the following history :

The baby was 10 months old at the time of the visit, and had up to that time been entirely breast-fed and had taken no drugs. Three and a half weeks before the consultation the eruption had begun in the form of small, bright red lumps on the forearms, hands, and face. Similar lesions had appeared soon after on the trunk, but these were more sparsely distributed.

The earlier lesions became crusted and granulomatous in appearance in eight to ten days from their beginning, and these characteristics were daily becoming more pronounced. The mother described the formation of actual pustules at the summits of the nodes, but at the time of consultation only crusting was evident.

When first seen there were multiple nodes of various sizes, the distribution of which is best demonstrated by the photographs. The lesions rose abruptly from the surface of the skin, and except at their summit were not of a very marked redness, though the mother said that at their first appearance they were of a vivid red. To palpation they were firm and elastic, and when pressed exuded small droplets of pus from multiple small openings. They did not appear to be to any extent painful or tender to the touch, though the child was fretful and restless. The pulse and temperature were both normal and the general health was good.

The bromide apparently was contained in the mother's milk, as the child had taken no powders of medicine of any kind, whereas the mother had for three or four months been taking nearly every night a sleeping draught consisting of 30 grains of potassium bromide.

It was reported that the lesions gradually died away about six weeks after the mother had given up taking the drug.—E. H. M.

This case appears to me to have two or three points of interest. In the first place, cases of bromide eruption due to ingestion in the

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maternal milk are certainly extremely rare. I do not know how many cases have been reported, as I have not had time to search the literature for them; but I know of two certain cases, one, which I believe to be the original observation, by the late Colcott Fox some years ago, and a second whose photograph is published by Mr. Jonathan Hutchinson in the last edition of Clifford Allbutt's *System of Medicine*. This source of bromide is so striking that in spite of its comparative rarity it has caught the attention of the medical profession, and is consequently well known. A second point of interest is that the temperature is reported as normal. I must confess that before this I was uncertain whether the temperature was raised in bromide eruptions or not; but I have lately learned that it may be raised with every outbreak of eruption due to potassium iodide. I was asked to diagnose a rash in a patient in hospital under the care of a colleague, and made the diagnosis of iodide eruption due to the iodide he was taking for aneurism. The house-physician asked me whether I thought a rise of temperature accompanying the outbreak was due to the drug, and I was forced to confess complete ignorance on the subject. With the patient's consent we stopped and resumed the iodide on more than one occasion, and each outbreak was accompanied by a sharp rise of temperature, 102°-103° F.

In this case the lesions were small bullæ and there was no question of a suppurative fever, and as a matter of fact the pus from unruptured lesions of bromide and iodide has always shown itself sterile in my hands.

The third point of interest is the duration of the eruption in the child after the mother left off the drug. Six weeks is a rather long time for the lesions to take to disappear unless they are very severe. We have, however, to remember that bromide is rather slow to be excreted, and we may allow that it took some time, possibly even three weeks, for it to disappear entirely from the mother's milk, and that the baby may have been ingesting appreciable amounts of bromide after the mother had left off taking it. Children are very sensitive to bromide, and I have seen a well-marked rash develop in hospital after two 10 grain doses given to keep a fractious baby quiet, and have also reported a case in which the eruption developed on the third day of life in a baby whose mother had taken 30 grains a day during the latter months of her pregnancy, and had not secreted milk when the eruption first appeared on the child. A. W.

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