

COMEDONES IN CHILDREN.

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THE following cases illustrate a condition which is not generally recognised as a disease of childhood, the text-books only describing comedones as they occur at puberty and onwards, from which this affection differs in several particulars. I will first relate some cases, and then briefly comment on them. All the cases occurred at the East London Hospital for Children.

George W—, aged three years and a half, came to the hospital in June, 1882, for whooping-cough and an eruption which had existed for three months. It consisted of innumerable black pin's-head-sized papules, with no inflammation round them, which were evidently comedones, and could be squeezed out, but with more difficulty than the ordinary kind, and the necessary pressure was very liable to set up inflammation in their sites, but they did not often inflame spontaneously; the expressed material was firmer and tougher than usual, and microscopically consisted of epithelium, with comparatively little fat. The comedones were massed together on the upper part of the forehead, especially on the right side, extending for an inch and a half into the hairy scalp; there were several patches in the occipital region, and a few on the right parietal. They were mainly in groups, but on the forehead were so closely set as to give it a very dirty, almost black, appearance. The following cases were in infants: Henry A—, aged twelve months; when he was nine months old groups of closely set comedones appeared on each cheek; there were less defined groups under the chin and angle of the jaw. The child was marasmic and pale. A. M—, aged fourteen months; comedones appeared when he was eight months old, symmetrically grouped on the prominent part of each cheek. The child was brought for rickets.

These are only samples of over a dozen cases that I have seen in my own practice and that of others, so that the condition is probably not a very rare one. The majority were in boys between three and twelve years old; and, in addition to the regions mentioned, it was observed extending from the scalp to the eyebrows, in the sulcus behind the lower jaw, on the shoulder, and in girls limited to the temporal regions. In most cases the papules ceased rather abruptly, and when not too closely set the tendency to group was generally evident. The etiology of this condition is evidently different from that after puberty. The position in most of the boys corresponded with the part where their caps were in closest contact with the skin, naturally suggesting that they had some causative connexion; and, on comparison with the cases where other regions were affected, the common factor was found to be warmth and moisture. This was confirmed by a recent case of a girl of three years old with laryngeal obstruction, probably diphtheritic, where after repeated linseed poultices she presented when I saw her scattered comedones mingled with acne papules and pustules all over the back and the lower part of the chest. This, however, does not cover the whole matter. A short time ago my colleague, Dr. Warner, kindly sent me a brother and sister, the boy with the forehead and scalp affected, the girl with the temples alone involved; further, it was stated, that another brother had it in a minor degree, and that there were several boys at the school similarly affected. This is not the only instance I have known of more than one member of a family being affected, and suggests the possibility of some contagious element, probably bacterial, though I have not found any such organism as yet. Possibly other irritants may produce the condition, though doubtless some predisposition is necessary. Comedones in children differ from those of adults in their being mainly dependent on local causes, on their greater tendency to group, and to be more closely set, in their involving the hairy scalp, and, finally, to their being generally readily amenable to treatment, all that is usually required being friction with a weak soft soap and spirit liniment, or a weak sulphur application may be employed in mild cases, preceded by fomentation with very hot water.

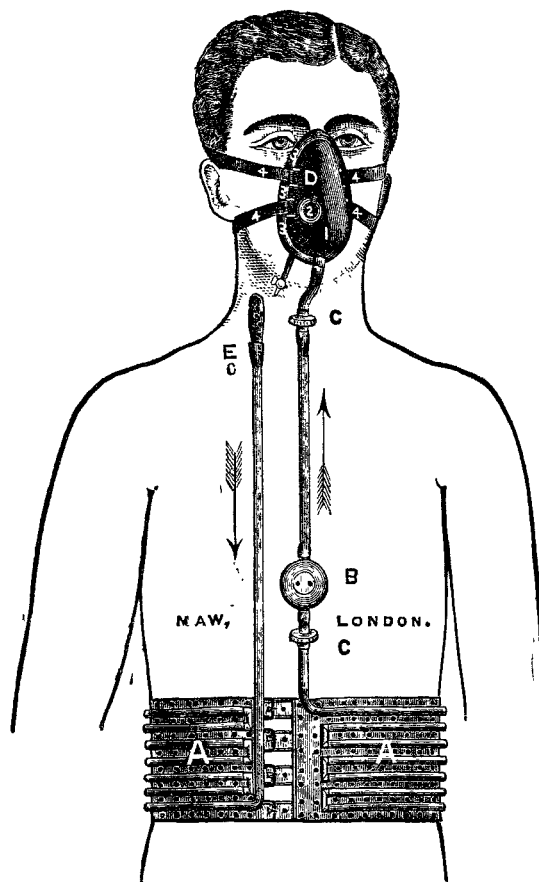
Welbeck-street, W.

KILMARNOCK INFIRMARY.—The late Mr. Andrew L. Clark, of Assloss, has bequeathed the sum of £1000 to this infirmary.

THE
UTILISATION OF THE HEAT OF THE BODY
FOR THE PURPOSES OF INHALATION
AND RESPIRATION.

By JOSCELYN SEATON, M.D., M.R.C.S.

THE principles and therapeutics of inhalations in chest affections have been so ably and recently brought to the notice of the profession by Drs. Yeo, Hassall, Kay Shuttleworth, and others, that I shall here confine myself solely to setting forth the salient advantages and mode of utilisation of the normal heat of the human body for the purpose of supplying warmed and partially dried air (medicated or otherwise) to the respiratory passages of poitrinaires—an ever-ready agent which hitherto, I believe, has not been utilised. By the employment of the constant and practically equable heat of the human body, I hope to be able to make patent to the profession that we can not only greatly facilitate the administration of medicaments, more especially in an anhydrous condition, but also provide a respirator which will at all seasons supply partially dried air at an almost unvarying temperature. The apparatus consists of a broad



A A, Belt containing tubes through which the air passes and is warmed by the heat of the body. B, Medicament box containing sponge saturated with the prescribed medicament. C C, Union screw joints to facilitate the removal of the medicament box and the substitution of a piece of straight tubing when the apparatus is used as a respirator only. D, Naso-oral face-piece. 11, Inhalation valves. 22, Exhalation valves. 33, Inflated air padding. 44, Elastic bands buckling behind. E, Bougie-pointed extremity of tubing through which the air enters, and which, by being prolonged with an extra length of tubing, may be made to communicate with the outer atmosphere to counteract the closeness of the sick chamber.

belt of perforated chamois leather or fine flannel, resembling an ordinary "cholera" or "rheumatism" belt, containing from four to ten indiarubber tubes (more or less according to the temperature required), made continuous by angular joints of metal or vulcanite in the form of what is known as the "Grecian key pattern." The air, entering at the free extremity, passes through the entire length (say ten to fifteen feet) to a vulcanite box resembling a small hunting-watch, containing a sponge saturated with the prescribed medicament, and thence is conveyed to the respiratory organs by a double-valved naso-oral face-piece (a modification of Dr. Hunter McKenzie's naso-oral inhaler).

When the apparatus is in use as a respirator only, the medicament box is replaced by a short length of plain tubing. The temperature of the air inhaled will of course depend upon the length and calibre of the tubing and the temperature of the air-supply. With an air-temperature of 57° F. and twelve feet of a quarter of an inch tubing an elevation to 80° may be procured, the average result of my experiments being that a minimum rise of from 15° to 20° may be depended upon at all seasons for purposes of outdoor respiration; whilst for inhalation in-doors the temperature in the medicament box may be always maintained at or near 80°, sufficient for the vapourisation of carbolic acid, most of the terebinthinae, and other medicaments in common use. By the extension of the free afferent extremity the closeness of the sick chamber may be readily counteracted by allowing the tubing to communicate with the outer atmosphere through a small hole in the window-frame. The ever-present difficulty of inducing patients to encumber themselves with inhalation apparatus is in this case much lessened, inasmuch as free locomotion is in no way interfered with, and the changes of temperature experienced in passing from room to room, or in travelling to warmer climes, effectually counteracted.

By the use of the above-described inhalation respirator I trust that the business man may be able to proceed from his home to the scene of his daily avocations without encountering any material change of temperature in the air inspired, and whilst performing the duties of his office to resume or discontinue almost instantaneously the treatment prescribed by his medical adviser. As an inhaler I would claim that it is ever ready and portable, whilst as a respirator it affords absolute immunity from the dangers of changes of temperature, enabling a patient in the highest part of the Eugadine to inspire the pure mountain air without the inconvenience so frequently experienced from its low temperature. I have confirmed the construction of the apparatus to the well-known firm of Messrs. Maw, Son, and Thompson.

Ospedaletti, Italy.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium

ST. THOMAS'S HOSPITAL.

FOREIGN BODY IN THE AIR PASSAGES; BRONCHO-PNEUMONIA; REMOVAL OF BODY BY TRACHEOTOMY;
RECOVERY.

(Under the care of Dr. BRISTOWE and Mr. SYDNEY JONES.)

FOR the report of the following case we are indebted to Mr. W. H. Battle, surgical registrar.

R. B.—, a girl aged three years and nine months, was admitted on Oct. 20th, and left cured on Nov. 21st, 1883. On Oct. 12th the child was playing in the garden, when her mother heard her scream. The child ran towards the house, and said that she had swallowed a stone. She coughed violently at frequent intervals, and was taken to a medical man, who gave an emetic and recommended tracheotomy. She was brought to the hospital, but, as she appeared better, the mother took her away again. From that time the child suffered from cough and shortness of breath; the cough, which was said to have been accompanied at times by a peculiar rattling in the throat, had been worse for the last two days.

When she was admitted under the care of Dr. Bristowe, the following was her condition:—"Fair, rather delicate-looking child, with flushed face, and quick, but not distressful breathing; loud rhonchus and sibilus throughout both lungs, with loose râles at both bases. There was no distinct evidence of any obstruction of either bronchus. It was thought that the breath-sounds on the whole were more feeble on the right than on the left side, and that the respiratory movements on this side were less ample than were those on the other. No one portion seemed more affected than the rest of the lung. The tracheal sounds

were very noisy, but in no way hissing, nor was there any working of the *alæ nasi*. The child had occasionally fits of something between hiccough and vomiting, and at the same time became blue and anxious. Temperature 101·8°; pulse 190, of fair strength; respiration 52, regular, and fairly full; urine, sp. gr. 1030, no albumen. She was ordered eight minims of ipecacuanha wine, half a minim of tincture of opium, and two drachms of caraway water every three hours.

Oct. 21st: Both lungs were affected in much the same degree, but the right did not seem to move quite as much as the left.—23rd: Crepitation over both lungs, crepitation at left base very loud and noisy; had a somewhat severe fit of coughing in the morning; was restless and fretful. Mr. Sydney Jones saw the child in consultation in the afternoon, and it was determined that tracheotomy should be performed. The child seemed to be in a good deal of distress, and was anxious-looking. Mr. Sydney Jones accordingly opened the trachea, dividing two or three rings below the cricoid cartilage, and found a stone lying loose on the posterior wall, immediately beneath the incision. This measured five-eighths of an inch in length and was a little over two-fifths of an inch in width, the ends being rounded. Chloroform was administered; there was very little hæmorrhage, and easily arrested. Sutures were inserted through the skin, and the edges brought together over half a split drainage-tube. The wound was dressed with carbolic oil and iodoform gauze. Steam was freely diffused in the apartment by means of a bronchitis kettle. In the evening the child had lost its dyspnoea, but still suffered from frequent loose cough, which had, however, lost its choking character. She had lost the anxious look.—24th: The drainage-tube, which had slipped out during the night, was replaced, air coming through the wound when any accumulation of mucus took place in the larynx. Warm-water dressing was substituted for oil. Slight dulness at both bases, and general loose râles in lungs. Respiration 36; pulse 128; temperature 98·6°. At night the temperature was 100°; pulse 140; respiration 40. Air entered the right lung more freely, quite as well as left.—25th: Dulness over right lung posteriorly, extending up to angle of scapula, with tubular breathing, the latter also heard over the right base in front. Cough troublesome; the temperature varied from 98·8° to 100·4°, the former at midnight, when the pulse and respiration were as on the evening of the 24th.—26th: The child seemed rather better. Stitches removed, and replaced by strapping across the upper part of the wound. Warm sponges placed over the wound. Highest temperature, 100·6°.—27th: Average temperature 100·4°. Evening: Pulse 148, respiration 32.—28th: Temperature varied from 98·8° at 4 P.M. to 101·6° at 4 A.M.—29th: Improving. Temperature varied from 98·2° at midnight to 99·8° at 4 A.M. Evening: Pulse 80, respiration 30; less crepitation in the left lung, loose crepitation at base of the right lung, and little crepitation in front of the left.—30th: Less cough and less difficulty of breathing. The wound closing slowly by granulation; less discharge, but strapping required to keep the edges together; wound gaping.

Nov. 3rd.—Still dulness anteriorly at base of the right lung; general slight bronchitic sounds in each lung, but otherwise they appear normal. There is little air passed through the opening.—10th: The air now passed through the wound.—16th: Wound closed. From this date the improvement was more rapid, and she left cured. On the 2nd, 4th, and 5th the temperature reached respectively 100·8°, 100·6°, 100·2°, but this at irregular times; after that it was normal.]

BRADFORD INFIRMARY.

A FORM OF LOSS OF MEMORY OCCASIONALLY FOLLOWING
CRANIAL INJURIES.

THE following notes, for which we are indebted to Mr. W. J. Spence, house-surgeon, refer to two cases similar in character to those described by Dr. Crichton Browne in a public lecture delivered in Bradford some three or four years ago, and also to those related by Dr. Joseph Bell in the *Edinburgh Medical Journal* of last year.

(Under the care of Mr. SPENCE.)

On Dec. 28th, 1882, an intelligent boy, aged twelve, was admitted to the Bradford Infirmary, under Mr. Spence, suffering from concussion of the brain. He was one of the unfortunate persons picked out from amongst the débris at the Newlands Mill chimney disaster. The accident occurred about 8 15 A.M., and the lad was brought to the infirmary