

The
Treatment of Eczema
in
Infants and Children

LEWIS WEBB HILL

The Treatment of Eczema in Infants and Children

By

LEWIS WEBB HILL, M.D.

Formerly Director of the Eczema Clinic and of the Allergy Clinic
at the Children's Medical Center, Boston, and Lecturer
in Pediatrics at the Harvard Medical School

WITH 39 ILLUSTRATIONS



ST. LOUIS

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To my friend

MARION B. SULZBERGER, M.D.

In appreciation of what he has done for
dermatology in general and for me in particular

Preface

I have seen a large number of infants and children with eczema, and have made it my serious business for a good many years to learn as much as I could about it. In spite of this my understanding of this disorder is not good, and the older I grow the more acutely I realize my ignorance. It occurred to me nevertheless that it might be of interest and possibly of some help to pediatricians, if I set down in a simple and practical manner what little I have learned about it, with especial reference to *treatment*. Occasionally I will discuss in detail highly theoretical matters, but only in so far as such discussion may help in the understanding of treatment. What I have to say is largely based upon my own experience, but at times I will review the work of others, and if I have had personally only moderate or little experience with any particular subject, I will say so.

It is my prime purpose to make this series of articles* readable and practical, and of help to the practicing pediatrician in his everyday work. For this reason I intend to write not in formal textbook style, but more as I would talk, in so far as the editors will let me.

“Except ye utter by the tongue words easy to be understood, how shall it be known what is spoken?” (*I Corinthians 14:9*)

LEWIS WEBB HILL

Boston, Mass.

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THE TREATMENT OF ECZEMA IN INFANTS AND CHILDREN

Chapter 1

DIAGNOSIS

Classification.—In order to treat eczema intelligently, it is first desirable, if possible, to find out by the history, the appearance and distribution of the lesions, the symptoms, and, possibly by skin tests and other laboratory procedures, what sort of eczema it is, for eczema is an inflammation of the skin under which are grouped a number of entities of various causation. It is true, however, that about 75 per cent of the “eczema” that is seen in infants and children is atopic dermatitis, that is, the sort of eczema which often occurs with asthma or hay fever, and to which there is a certain amount of hereditary predisposition. Other forms of eczema that may be seen in the young are seborrheic dermatitis, infectious eczematoid dermatitis, nummular eczema, contact eczema, and rarely eczematoid fungus infections.

History.—The first step in treatment is a detailed history: this is of the utmost importance. Some of the things that you want to know are as follows:

1. Do the father, mother, or any of the siblings have eczema, asthma, or hay fever? What any less closely connected relatives have or may have had is, in my opinion, of little import. If the father or mother has hay fever, the chances are that what the child has is atopic dermatitis.

2. How old was the child when the eczema began? Atopic dermatitis can begin at any age, but not commonly before the third month. “Eczema” before this age is likely to be seborrheic dermatitis, or, if in the newborn period, possibly a monilia infection. If the eczema began suddenly and the child is over 2 years old, it is often due to contact with something from the outside.

3. Upon what part of the body did it begin? Atopic dermatitis in early infancy commonly starts on the face. In children over one year old it is more likely to begin in front of the elbows and back of the knees. If it does begin in these places, it is probably due to environmental allergens rather than to foods. Monilia infections are likely to have their origin around the anus. Contact eruptions may start on any part of the body, according to what contact is causing the trouble. Seborrheic dermatitis often begins with cradle cap, and intertrigo in the axillae, groins, and around the navel.

4. What was the diet when the eczema began? What foods have been omitted from time to time? Did the removal of these foods do any good? Is the mother sure from what she has seen herself, and not from what some doctor has told her, that any food makes the eczema worse?