European Journal of Pediatrics

This is a well recognised journal which is now in its 149th volume and is produced by Springer International. The texts are in English and are well presented with good reproduction of graphs and photographs.

The content is widely varied covering most fields of paediatrics. Some are imperative and impart to the reader information which may be useful in clinical practice. Unfortunately there is a considerable amount of 'paediatric philately' which would be best reported in other subspecialist journals or as short reports in this one.

It would appear possible that the journal suffers from the fact that it would not be the first choice for most authors. Most Europeans including the British would seek to publish their information in their own national journals rather than in others for their own chauvinist reasons. The effect is that is little in the European journal which is new or revelatory.

The acid test of any publication is whether one would buy it. I feel this journal passes this test if for no other reason than with the approach of 1992 it is important that there is a increase in the interchange of ideas and scientific truths across national borders. In this regard it is interesting to see that in the references most authors have cited other international workers and not just those of their own nation. I feel this journal could be improved if those of us who write regularly would seek to publish in these pages to the advantage of both ourselves and our fellow Europeans.

G McClure

Forty years ago

Acrodynia ('pink disease')

Acrodynia is a chronic condition affecting mainly infants from the age of 6 months to 2 years. The clinical picture is one of persistent misery and apathy. The child takes no interest in his surroundings and resents being handled, even by his mother. He has photophobia and buries his head in the pillows. There is appreciable tachycardia, the limbs are hypotonic, and the hands and feet are painful, red, and swollen. There is excessive sweating and generalised erythema (hence the descriptive term 'pink disease') with peeling of the skin.

Over a period of six years from 1943 to 1949 Leys collected a personal series of 30 cases of acrodynia which he reported in a review of the literature. 1 The first case in this country had been reported in 1923. Although the mortality of acrodynia was low and there were no deaths in Leys' series, nevertheless in England and Wales there were 20 deaths from the disease in 1926, 88 in 1936, and 103 in 1947.

Leys discussed the possible causes of acrodynia. Recorded necropsy findings showed only non-specific degenerative changes of the central nervous system, peripheral neuritis, and the effects of secondary infection. He rejected previously mooted causes, such as vitamin B deficiency and allergy but noted that there were some clinical similarities with dermatomyositis and scleroderma in adults; he had reservations about mercury poisoning. He concluded that the aetiology of acrodynia was still unknown and suggested that it was a hypothalamic disturbance that might possibly be due to a primary emotional disorder.

Chronic mercury poisoning or hypersensitivity to mercury had recently been put forward (and is now accepted) as the cause of acrodynia because of the resemblance to classical mercury poisoning and because of the frequent finding of excessive amounts of mercury in the urine of affected infants. At that time mercury was commonly administered to infants in teething powders and vermifuges or in ointments for various skin conditions; 52 of 100 mothers questioned by child health staff in Kent had given their children mercury containing powders, often weekly over long periods.

Childhood morbidity 1947–9

In the late 1940s Hackney Hospital, a general hospital in East London, had 700 beds. In the two years from 1947 to 1949 this hospital admitted 3159 children under the age of 15 years: one sixth of the total admissions. 2 The proportions of admissions in the various paediatric age groups were: under 1 year—12%, 1 to 5 years—38%, 6 to 10 years—31%, 10 to 15 years—19%.

About half the admissions were for infective or inflammatory conditions but the commonest single reason for admission was removal of tonsils and/or adenoids (22%). Admissions for upper and lower respiratory tract infections were respectively 15% and 10% of the total. All forms of trauma accounted for 11% and acute appendicitis for 4·5% of the admissions. There were 117 cases (3·5%) of abdominal pain in 31 of which a normal appendix had been removed. Of the 55 cases with the diagnosis of 'rheumatism', 42 had acute rheumatic fever and eight rheumatic chorea. The 25 cases of tuberculosis included two with meningitis and one with miliary. Infectious diseases accounted for 80 admissions and these included six cases of diphtheria, two of typhoid fever, and two of poliomyelitis. There were 21 cases of acute osteomyelitis, 15 of meningitis, two of pyloric stenosis, and a number of single cases of rare diseases.

Non-accidental injury was not a recognised diagnosis at the time. However, some 40% of the admissions for fractures of the skull and of those for fractures of the humerus were in children from birth to 5 years of age. For all other fractures the proportion in this age group was below 25%. Furthermore there were three fractures of the humerus and one of the clavicle in babies under 1 year of age.

There were 46 deaths in the two years. Fourteen of these (30%) were cases of pneumonia in infants under the age of 1 year. The remainder of the deaths were due to a wide variety of conditions including congenital heart disease, meningitis, rheumatic fever, and one death from congenital syphilis.