AMERICAN ACADEMY OF PEDIATRICS
PROCEEDINGS

COLIC IN INFANTS
Excerpts from a Panel Discussion

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INTRODUCTION

By Jerome Glaser, M.D.

This may well have been a historic occasion because so far as I have been able to ascertain, this was the first time that a symposium on the important subject of colic in infants had ever been presented at a national meeting of pediatricians. Due to the fact that little attention is paid to colic in institutions, this disorder has rarely received the attention of the full-time academic pediatrician (unless he has experienced it in his own family). For that reason interns and residents all too commonly encounter this frustrating problem only on starting private practice when it becomes a matter of great importance and concern.

Our fundamental knowledge of what is termed “colic” is so uncertain that it is appropriate in discussing this subject to quote a remark by Tenney:1 “And so it is with colic; maybe there is no such thing, but there is certainly something that makes perfectly healthy babies cry almost unbelievably loud and long without interfering with their perfect health.” For the purposes of this discussion colic may be defined as a symptom complex of early infancy characterized by evidence of intermittent abdominal pain of varying degrees of severity for which no organic or obvious physiological cause can be regularly demonstrated.2

For discussion of this subject pediatricians were selected who for the most part, because of part-time positions on the teaching staffs of medical schools, would be expected to have academic as well as practical interest in this problem and who, because of their varying interests, have

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considered the problem from different viewpoints. Attention is directed particularly to the fact that among the 8 papers presented at this symposium only 2 were by pediatric allergists, Dr. Fries’ and Dr. Ratner’s.

REFERENCES


COLIC IN INFANTS—GENERAL CONSIDERATIONS

By Alwin C. Rambar, M.D.

MANIFESTATIONS

Infantile colic is an ill-defined condition which seems to consist primarily of pain associated with symptoms ranging in degree from general fussiness to paroxysms of agonized crying. The symptoms usually start after feeding and are worse late in the day. Besides the typical unhappiness, as exemplified by clenching the fists and flexing the legs, the infant often makes sucking movements and appears to be searching for food. Usually these infants have a great deal of gas, manifested by excessive belching, flatus, and rumbling. The passage of gas is occasionally followed by temporary relief, supporting the theory that distended loops of intestine from collected air causes colic. It is most common in the first born, usually starting at 2 to 4 weeks of age, and lasting through the third or fourth month.

It is difficult to say what percentage of infants have colic since a certain amount of fussiness is natural, and crying that may be considered normal in one household, might be regarded as intolerable in another. Certainly colic is not “the almost infallible occurrence” that Brenneman once described, although Wessel found that only 50 of 98 infants he studied were considered contented babies. From my own experience in both private practice and clinic work, I have gained the impression that the incidence of colic is higher in the private group.

ETIOLOGY

There is little agreement as to the cause of colic, but a basic immaturity of the intestinal tract, a constitutional predisposition to hypertonicity, hunger, improper feeding technique, allergy or a reaction to tenseness in the home, are commonly described as etiologic factors. A careful history is important for obvious medical reasons, and also to provide an opportunity for the mother to unburden herself and decrease her feeling of inadequacy. A thorough physical examination must follow to exclude such conditions as cerebrospastic disease, detectable congenital defects and other organic causes. This investigation should include a rectal examination, as occasionally gentle dilation of a tight rectal sphincter will give rather spectacular and permanent relief.

There is no longer doubt that allergy may be a cause of colic. When a history of major allergy is found in the immediate family, a cows milk formula should be changed to a relatively non-allergenic one, such as a soybean formula. However, even when cows milk allergy exists, dramatic results do not always follow this change but may require a week or two of trial. Infants with allergic colic often show other signs of allergic sensitivity, such as eczema, pylorospasm, diarrhea, stuffy nose, etc. Usually however, the signs of unhappiness precede the more obvious allergic symptoms, thus increasing the difficulty of diagnosis. While many pediatricians believe that changing a formula is useless or an
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