It is commonly understood that in most instances positive cutaneous tests are not obtained; possibly because this reaction is mediated by agents of hypersensitiveness wherein antibodies other than the skin sensitizing atopic reagins are operative—such as precipitins.

Even when a specific reagin to a food exists, a positive reaction may not be elicited with the strength of extract usual in testing. On some occasions, positive reactions occurred when stronger concentrations of extracts were used.

**SYMPTOMATIC TREATMENT**

It was suggested that each panelist give his favorite prescription for treatment of colic in infants. The prescription which I prefer contains elixir of amphetamine sulfate (1 mg./ml.) and elixir of phenobarbital (15 mg./ml.), equal parts. Ordinarily equal parts are used, but when more sedation is desirable, one may prescribe 1 part of elixir of amphetamine to 2 parts of elixir of phenobarbital. The dosage, which is governed by the effect, is 1 to 4 ml. every 4 hours, as necessary. This medication is best administered by medicine dropper directly under the tongue, which favors rapid effective absorption. This combination appears to be equally effective for colic of allergic etiology and for colic mediated by other mechanisms.

**ALLERGIC COLIC IN INFANTS IN THE GENERAL PRACTICE OF PEDIATRICS**

By Frederick J. Martin, M.D.

Gastrointestinal allergy has been said to be a rare cause of colic in infancy. We had been impressed by the family history of allergy elicited in many cases. Frequent occurrence in colicky babies of stools containing mucus, eosinophils, and sometimes blood, was also noted. The Nance method of staining stool mucus for eosinophils was used. A point was made of inquiring concerning hay fever, allergic asthma, perennial allergic rhinitis, atopic dermatitis, frequent and severe sinusitis and migraine headache, in the mother, father, siblings, grandparents, uncles, aunts and first cousins. This has been done in the case of all newborns.

The following data were accumulated from newborns whom we treated throughout the course of their complaint.

We found 367 colicky infants among 611 who came from allergic families, an incidence of 60.1 per cent; among 296 infants from non-allergic families, 74 had colic, an incidence of 25 per cent. Where the father and mother both suffered from major manifestations of allergy, out of 55 infants, 43 had colic, an incidence of 78.2 per cent.

A total of 814 infants had 308 colicky babies among them, an incidence of 36.1 per cent in our practice. These data were gathered because we could find none in the literature answering the basic question of the incidence of colic in private pediatric practice. A broad cross-section of social classes and nationalities found in a metropolitan area were included. The over-all incidence of 36.1 per cent was a surprise to us. The incidence of 60.1 per cent of colic found in allergic families was impressive. Also, the incidence of 78.2 per cent of colic found in families where both mother and father displayed major allergies seemed to confirm our impression that allergy plays a large role in colic in infancy. It can also be seen that a considerable number of families without allergic histories contain colicky infants. This finding coincides with our failure to abolish colic in our practice by placing colicky infants on hypo-allergic diets. We experienced such failures, of course, even with infants from allergic families.

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