

ESSAY

The Burning Ring of Fire

Jeffrey Van Blarcom, MD

There are 2 enduring items from my junior high school wood shop class, the first of which is a surprisingly well-constructed chessboard which may well be my most impressive accomplishment beyond finding a mate and not getting fired from my current job. The second item is the unshakeable memory of the wood shop class teacher (who we will call Vernon) who was not the first person, nor the last, to not be very fond of me. Or maybe he was; he did give me a lot of detention now that I think about it. Perhaps the second most memorable thing about him was his fondness for the phrase “smooth as a baby’s bottom,” that being our goal surface roughness after hours of rubbing our wood with sandpaper. Although we wood-shoppers knew what he meant, in retrospect it seems like a rather odd comment for a 35-year-old single male teacher to use with a group of pubescent boys.¹ Vernon could, quite possibly, have been married and he could, quite possibly, have felt lots of babies’ bottoms, which brings me to the foremost of Vern’s memorable attributes: he was missing portions of several fingers and may not have worn a ring for safety reasons, although such measures were obviously a little tardy in their adoption.

Another 12 years or so passed until I gazed at a baby’s bottom for the first time,² which in no way made me think of wood or sandpaper. Another 5 years beyond that, I changed a poop diaper for the first time, a diaper containing one of my son’s first deployments and most likely a large amount of urine, consistent with the diaper-swapping habits of an up-and-coming daddy. That diaper was deposited in the Diaper Genie, which in rapid order began to smell a lot like the trash can at the local dog park, the cover of which should never be opened regardless of how far you need to carry that steaming bag of turd. I made what we can hope will be my last diaper purchase for some time roughly a decade ago, but I am not altogether done looking at babies’ bottoms regardless of whether I like it or not. Earlier today, in fact.

What I have seen in the last 20 years suggests that babies need to stop pooping. Or, perhaps, that some tiny heinies need some medicinal soothing. Your professional advice on how to remedy any baby’s burning ring of fire is likely dialed in, but what exactly is the best substance to apply to those stunned buns? Everyone with a baby’s butt within arm’s reach seems to have a deep-seated opinion. Perhaps we should concoct our very own maximum extreme butt-saver!

We all know that the best possible topical application for the ruckus on the tuchus is a mixture of slave-free, fair trade, aged ambergris and the extracted contents of the perineal glands of free-range juvenile fur seals who died peacefully in their sleep from natural causes...

But . . . that is a little hard to come by.

Maybe the perfect substance already exists, sparing us the effort. Maybe this is it: “Smooth as a Baby’s Bum Balm.” The consumer is dutifully cautioned to use this superb concoction sparingly at diaper changes (“a little goes a long

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way!"), which makes sense because it is expensive, it is not widely available for rapid acquisition, and it comes only in Ding Dong-sized containers. One question: "Use sparingly"? In addition to being suboptimal advice, what kind of crappy business model is that? This may be a balm for the hole but that is no way to mobilize inventory. Desitin tubs say "Apply ointment liberally as often as necessary." Lather, rinse, repeat! That is how to sell some salve. Make that tushy squishy. More importantly, just what is in the balm in question? Only things that sound as wholesome and comforting as Oprah Winfrey after a long, relaxing bath: beeswax, jojoba oil, several types of flowers, and some fruit and nut oils. And extract of unicorn earwax and supernatant of female leprechaun urine, so magical and proprietary that they could not be named on the bottle. Certainly nothing like the crude, industrial-grade lube applied by both pediatric nurses at the children's hospital⁵ and disengaged, in-bred and dim-witted parents who only had children because they were bored on their 3 and a half month anniversary. Yuck.

We (especially those of us which an extensive oil and lube collection at home⁴) can do better than that for sure. What about *Aloe vera* and Shea butter? Certainly we have to include those, right?

Aloe, in addition to being a common crossword puzzle answer, has a rich history of being rubbed on humans' tender bits with impunity. *Aloe* is a genus of succulent comprised of several hundred species, *vera* being the money species for human medicinal purposes. Or more academically stated: "*Aloe vera* is used for vigor, wellness and medicinal purposes since Rigvedic times."⁵ Rigvedic is a word that here means: sometime before this morning. Back to *Aloe vera*: The "Phytochemistry of *Aloe vera* gel has revealed the presence of more than 200 bioactive chemicals,"⁵ some of which are barbloins, which sound precisely like something not to put on your loins. *Aloe vera* is native to northern Africa and is the feature attraction in your grandmother's coffee table succulent farm. Your unformulated, soon-to-be-burning question is this: is *Aloe vera* safe? Well: "The scientific

community is divided into 2 groups regarding safety of *Aloe vera* products."⁵ Because the authors are not familiar with brevity, I will summarize: Pro and Mildly Unpro. Omitting, of course, the large plurality of the indifferent. The US Food and Drug Administration's only restriction on *Aloe vera* use is that it should not be taken as a laxative,⁶ a statement officially brought to pass in 2002 when the agency relegated aloe extract laxatives to "nonmonograph" status, which is a lot like saying that Aloe-derived laxatives are crap. Or more accurately: they do not really help you crap. Also, enteral *Aloe vera* extract has been associated with Henoch-Schonlein purpura,⁷ which seems like something that you should politely decline if offered. So, control your compulsion to eat that juicy bit of grandma's succulent garden and save it for our prototype.

On your list of less-frequently encountered butters should be Nutter Butter, Chamois Butt'r, and Shea butter. Chamois Butt'r is a silky unguent for your bicycle seat-chafed undercarriage, made with Shea butter, *Aloe vera*, and other natural-sounding things like tea and lavender. It is, therefore, unassailable as a product. Names of similar products that require your attention: ButtonHole, Gooch Guard, Betwixt, Ballocks, Udderly Smooth, Bag Balm, Anti-Monkey Butt, and others that even I will not mention. I have taken the liberty of copyrighting the name "Bunguent." Shea butter is a triglyceride made from the nuts of the Shea plant of northern sub-Saharan Africa, historically smeared all over babies to make them slick and hard to catch for summer picnic entertainment purposes, like a greased pig.⁸ This all-powerful butter of action is comprised mainly of stearic and oleic acids, but we cannot use those words on our All-Natural Righteous Ruffled Rump Rectifier label and expect to get the attention and/or business that we so richly deserve.

As much as I want to concoct something in my bathtub out of stuff from the farmer's market, free market forces may dictate that we use some "chemicals" as preservatives or emulsifiers or the like. In the course of my "research" (a.k.a. surfing), my attention was diverted from mommy blogs

to an article in *Pediatrics* in 2008 regarding ingredients in "baby care products" and their potential lethality.⁹ The most concerning of these are phthalates, which are plastic softening agents. Although some phthalates have been banned for use in binkies and teething toys, some are still used to make baby lubes and wipes slickery.¹⁰ Phthalates have been linked to the development of "imposex" in the smallmouth bass population,¹¹ which as you may guess is quite similar to the human baby population, particularly in that both populations have DNA and small mouths. Because we do not want to see even a smidge of smallmouth bass imposex in the human baby population, the natural conclusion is, to paraphrase: unnecessary body surface agent and wipe use is not necessary. Case closed. So no, we will not have any of this phthalate nonsense (or any other additive or preservative not approved by Oprah) in our creation, even if our stuff smells like a dog park trash can shortly after opening a jar.

Here we have it: purified pediatrician skin oil¹² with a touch of Sudanese Shea butter, non-Libyan beeswax, dethorned barbloins, and luscious rainbows from on high. We will call it Groatment, and it will be made available to all in tubs of gilded joy. And lo, it will smell blessedly of babies' dreams and mothers' love. Send in your oil sample for analysis today!

My only real point: my exhaustive, exhausting study revealed that anything that any relative swears by, if used in mass quantities, is effective, assuming that it is not chemically active.

REFERENCES

1. This is not discriminatory; we all know that no girls take wood shop. Ewww
2. In medical school, of course. No need for further investigation.
3. What do we smear on the ruffled rumps at the hospital for nonadults? Whatever the lube committee tells us to use, which is likely the result of a complex algorithm using such factors as price, availability, and whoever's brother works for whatever company and needs a leg up. Our chosen diaper rash ointment mainly

consists of dimethicone, zinc oxide, and petrolatum (a.k.a. Vaseline; initially known as “rod wax”), which seems to be a pretty good combination.

4. We moved beyond WD-40 long ago, despite WD-40 having its own fan club and rewards program through which you can obtain more WD-40. Huzzah!
5. Ahlawat KS, Khatkar BS. Processing, food applications and safety of aloe vera products: a review. *J Food Sci Technol*. 2011;48(5):525–533
6. Significant uses: “approved clinical evidences [for *Aloe vera*] are available only for . . . treating genital herpes and psoriasis,”⁵ which means that it is really

helpful to a small subset of the population.

7. Cholongitas E, Katsoudas S, Dourakis S. Henoch-Schonlein purpura associated with Aloe vera administration. *Eur J Intern Med*. 2005;16(1):59–60
8. Disclaimer: as far as I know, this does not really occur, but it would likely be more entertaining than talking to Uncle Phil about trash compactors.
9. Sathyanarayana S, Karr CJ, Lozano P, et al. Baby care products: possible sources of infant phthalate exposure. *Pediatrics*. 2008;121(2). Available at: www.pediatrics.org/cgi/content/full/121/2/e260

10. Phthalates are also found in a substance excitingly called “jelly rubber.” Caution: probably best not to inter-Web search this while at work. Particularly the images. I have a good excuse; you may not.

11. This is fact, people. I read it somewhere on the Google. Okay, fine, here is the actual reference: Rawlins R. Teething on toxins: in search of regulatory solutions for toys and cosmetics. *Fordham Environmental Law Review*. 2017;20(1). You can argue with my interpretation, but my investigational methods are infallible.

12. Another smashing idea: pediatrician-derived intravenous immunoglobulin, which will cure anything.

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