ENGLISH PELLAGRA IN EARLY CHILDHOOD.

BY

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On December 24th, 1913, a child suspected of being a pellagrin was sent to see me at St. Thomas's Hospital by Dr. C. Stewart Wink from Halstead, Essex.

History.

The parents are strong and healthy; there are no other children, and there have been no miscarriages. The patient, S. S., is a little girl, who was born at Farsley, Yorks, on July 19th, 1909. She was suckled for one year. In March, 1911, the child then being 1 year and 8 months old, a rash with butterfly distribution appeared on her face and lasted until September. At first the eruption was like sunburn or erysipelas; later it

faded, and the skin peeled. The next spring the rash reappeared and ran a similar course. In February, 1913, the parents removed to Halstead in Essex, taking the child with them. The "erysipelas" appeared again, but was a week or two later in its onset. When the rash is present there may be a slight soreness of the perineum and some scalding on micturition, but the soreness is insignificant and does not last so long as the rash on the face. The child has never suffered with digestive or bowel disturbance, and maize flour has never formed part of her dietary, which appeared suitable for her age. There have been no convulsions or fainting attacks.

When I first saw the patient she was 4½ years old. The parents gave the following additional particulars:

She can walk but not run properly, and cannot get up from the floor without hold or struggle. In her bed she is uneasy, constantly tossing about and waking many times in the night with a whining cry. She cannot pick up objects without trembling, and is incontinent as regards her urine. Her disposition is irritable. She is a very weary child all the summer.

The month was December, and the typical eruption was not present, although the skin of the nose was somewhat roughened, and there was a moderately fine tremor of the hands and arms. I had an opportunity of seeing the child again in May this year. The rash had made its fourth appearance, and was very striking. A diffuse dermatitis implicated the flush area of the face, the tip of the nose,

and the margins of the mouth. The dorsal aspects of the hands and of the lower thirds of the forearms showed the pellagrous gauntlets, the palmar aspects escaping with the exception of the radial side of the wrists. The legs also were implicated in a peculiar and characteristic fashion, the lower thirds of the thighs, the knees, and the upper parts of the legs being discoloured over an area which was bounded by the lower margin of the frock above and the upper ends of the socks below. The rash everywhere was of a dark brown or sepia colour, and the skin a little roughened.

The child was admitted to St. Thomas's Hospital for further examination and treatment. She was plump, but her weight was just under 24 lb., or nearly a stone less than the average. She was described by the house-physician as looking very well and "sunburnt," the skin of the affected parts being characterized as "tanned." All her movements were tremulous, and a definite, rather coarse tremor implicated the hands and arms, and also on occasions her head; the gait, too, was unsteady, but she could stand erect with the eyes closed. All the reflexes, both deep and superficial, were present and normal. No anaesthesia or muscular wasting could be detected. The ocular fundi were normal, and nystagmus was not noticeable. Although involuntary jerky movements of

the limbs were noted before she was admitted, these were not seen whilst she was in the ward. Physical examination showed nothing amiss with the thoracic or abdominal viscera. The urine contained neither albumin nor sugar. The pulse rate was always slightly accelerated and the temperature rose each day to between 99° and 100° F. The mouth was not sore and the bowels but slightly relaxed. The child was quite intelligent. In a week or two the rash was imperceptible but the tremor persisted. The medical treatment adopted was an intravenous injection of 0.06 gram neo-salvarsan. I have heard that the rash reappeared on her return home.

The interest of the case lies in its indigenous nature, the absence of maize as an article of diet, the early age, twenty months, at which the disease appeared, and the striking way in which the dermatitis involved the uncovered parts about the knees as well as the usual exposed areas on the hands and face. The pronounced tremor with occasional small jerky movements of the limbs is a characteristic nervous manifestation of pellagra.

EIGHT cases of plague and the same number of deaths were recorded in Hong Kong during the week ended August 22nd.