In regard to the treatment of these cases, incision and drainage offer the only chance. The procedure in any one case must necessarily depend on the conditions found, remembering always that the patient should be conducted to a cure with the least possible sum total of hazard to his life.

PELLAGRA IN GREAT BRITAIN: THREE NEW INDIGENOUS CASES.

BY

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To the number of indigenous cases of pellagra so far recognized within the United Kingdom, and published in the *JOURNAL* of July 5th, I must now add three others, one from Shropshire, a second one from Cardiganshire, and a third one from Napsbury Lunatic Asylum.

The first case was kindly notified to me on July 7th by Dr. L. E. Dickson, M.O.H. Bridgnorth. Dr. Dickson wrote as follows:

The interest attaching to any case resembling pellagra induces me to send you notes of a patient now under my care who presents many of the symptoms described as being present in the cases published in last week's *BRITISH MEDICAL JOURNAL*. My patient (see figure) is a girl of 7 years, who has always lived in Bridgnorth, and who, I am told by her parents, has never eaten any maize. Up till her fourth year she had no illness beyond childish ailments. She then commenced to have nocturnal enuresis, which has gradually become more troublesome. In her fourth year she also developed so-called "eczema" on the hands and face, which recurred each spring and lasted through the summer, disappearing in the winter. This year the rash appeared in April and has persisted till now, being worse during the sunny weather. About a month ago I was asked to see her, as she had been having some curious seizures which had become very frequent and alarmed her parents. These seizures, I was told, had first been noticed when she was 4 or 5 years old. Her mother says that she always calls out that she is giddy and then has a slight convulsive attack during which her left arm and leg twitch and she falls to the ground, but does not lose consciousness and has never bitten her tongue. They commenced to be more severe about a month ago, at the end of May. I have never seen her in one of these attacks.

The rash on the face and arms is symmetrical, covering the forehead, the malar prominences, the bridge of the nose, and the lips down to the chin. The upper eyelids are clear, and there is a clear space in front of each ear. A separate patch crosses the front of the throat. Both hands and forearms are covered up to the elbows. The skin is red and inflamed; there is considerable branny desquamation. Here and there, there are fissures in the skin, and one or two pustules. The eruption is accompanied by a sensation of burning or "scorching."

The tongue is clear with a little sore-looking red edge,

but no actual ulceration. There is hyperaemia round the anus and over the buttocks, but no desquamation. The bowels are generally relaxed, and for a week there has been diarrhoea with offensive musty-smelling pale stools. The urine has been so far normal.

The girl's speech is affected, and she cannot articulate clearly; she is decidedly dull and below the mental standard for her age.

There is constant tremor of the hands, particularly the left, and twitching while asleep. The knee-jerks are slightly exaggerated. She is giddy and cannot stand with her eyes shut and feet close together. There has been no Babinski's sign until to-day.

Last night (July 6th) she had a more severe attack than usual when at tea, and I saw her about 6.30 p.m., when she was lying down, having then recovered from the seizure, which I was told affected only the left side.

This morning I saw her again and found her almost unconscious, breathing rapidly, with a rapid pulse and temperature 101.2° F. The diarrhoea had ceased, and she

had taken no food since tea the night before. Her right arm and leg are now rigid, and there is right-sided facial paresis. She can move the arm and leg, but not freely, and sensation is diminished on the right side of the body. There is Babinski's reflex on the right side. No blood count has been made, and no examination of cerebro-spinal fluid.

As I have never seen any case of pellagra, I am unable personally to say whether this present case of mine resembles pellagra or not, and therefore hope I am not unnecessarily taking up your time by writing this short account to you. I need hardly say that if it in any way interests you it will give me pleasure to send you any further details.

Dr. Dickson's letter did not reach me until July 10th, when, on wiring, I found that the patient had died on July 8th. Nevertheless, I went to Bridgnorth and saw the body on the morning of July 11th. As I had expected from Dr. Dickson's description, the case was one of typical pellagra. The characteristic symmetrical dermatitis was well marked; it covered the face almost entirely,

formed a broad band over the anterior aspect of the neck, covered the backs of the hands, encircled the wrists, and extended over the external surface of the forearms up to the elbows. Both Dr. Dickson and his partner, Mr. S. C. Padwick, who had seen the little girl the day before her death, stated that the skin lesions were of a brownish-red colour. The mother told me that the eruption had appeared each spring in the three previous years, disappearing completely in the winter, when the patient improved so greatly in health that she looked quite a different girl. Both parents assured me most emphatically that the child had never eaten maize in any form whatsoever.

I examined the remaining three children, but found no manifest evidences of pellagra, although, according to the mother, one of the girls seemed to have presented this last spring a slight rash on the backs of the hands. With Dr. Dickson and Mr. Amoruso I drove to the Cantreyn Brook north of the town, where I was told the children

Dr. L. E. Dickson's case of pellagra in a girl, aged 7 years, at Bridgnorth.
Eruption on face, hands, and forearms.

frequently played. Here we found submerged stones and weeds literally covered by the larvae and pupae of *Simuliidae*. We also came across small swarms of the winged forms, and captured numerous specimens which have not yet been determined.

The second case is reported by Dr. D. Owen Williams, of Glandovey, Cardiganshire. He says:

After receiving last Saturday's issue of the BRITISH MEDICAL JOURNAL on the subject of pellagra, it occurred to me that I had recently attended a woman aged 63 or 68 at Borth, a seaside resort in Cardiganshire, who has had an erythema-like dermatitis on the backs of both wrists and hands. They were swollen, brownish-red in appearance, with scales coming off, and I thought that it might be a form of psoriasis. It caused much pain of a burning character. Soothing ointment suited it, and some days it appeared much better, but it soon reappeared again. It comes on in the spring and the autumn. I saw her daughter on Saturday afternoon, and she told me that the patient was much better, and I find that she has had it for a considerable number of years (over twenty). But what was curious in her case was that she had a sunburnt (in appearance) erythematous rash on the bridge of her nose (brownish-red), over an inch in length and about half an inch in width and bilateral. She also had (on the upper lip especially) similar brownish-red sunburn-like patches on the edges of the lips which were also swollen and dry. These patches caused an itching pain. They have now disappeared. When I first saw the patient, on April 4th, she seemed to have had a cold, but with no temperature above normal. She told me that she suffered from intense pain in the head. She also felt a little depressed and occasionally had a little pain in the lumbar region, but there were no other nervous symptoms or signs. She seems to have kept her age very well, and is somewhat stout in appearance.

Behind the house there is the river Serry (two or three yards away), and beyond this again, extending for some miles, is the Borth bog, and running immediately past the back of the house there is a watercourse (very often filled with weeds). This is the first year she had anything on the nose and lips.

This is certainly a case at least for differential diagnosis. I have never heard of any similar case having occurred in the district. Some twenty or thirty years ago there were occasional cases of ague in the villages at the other end of the bog.

What struck me about this woman were the patches on the nose and on the lips, and when I read about pellagra it seemed somewhat curious.

So far I have not had time to see this case, but Dr. Williams's notes leave little doubt as to the possibility of its being a case of pellagra.

On July 15th, Dr. G. S. Blandy informed me of a possible case at the Napsbury Lunatic Asylum, and said that both Dr. L. W. Rolleston, the superintendent, and he would be very pleased to show me the case if I cared to go. This I did at once. I found a young woman suffering from that grave form of the disease known by the name of typhoid pellagra. The patient was lying in a state of coma vigil, with lower extremities in forced extension, the feet in plantar flexion. She presented intense neuromuscular excitement, tremors, subsultus tendinum, vivid hallucinations. She had been admitted on May 15th with slight fever, rapid pulse, and tendency to collapse, her mental condition being that of acute confusional insanity. About June 16th her physical condition became much worse, and she developed an intense stomatitis. On July 1st a pellagrous dermatitis appeared on face and backs of hands. On the face the eruption affects principally the middle of the forehead, the alae of the nose, the lips, and the chin. On the hands it occupies the backs, extending above the wrists, and forming a deeply pigmented band or cuff around each wrist. There are excoriations between the roots of the fingers and small pustules about the mouth. The mucosa of the lips, tongue, and inside the cheeks is markedly red and denuded. She has a tendency to loose stools. The urine contains albumen.

Dr. Blandy also told me of two other probable cases of pellagra which had died in the asylum—the one in July and the other in November, 1912.

The first was an old woman, aged 74, whose mental condition was one of confusion with motor restlessness and excitement. She was admitted on April 1st, 1912,

and had several syncopal attacks while in the asylum. In June she developed a pellagrous eruption and in fact under the date of June 10th we find the following entry: "She recently sustained a burn on either hand as the result of the action of the sun," but the eruption healed very slowly. Towards the end of June she became more demented, and after a severe heart attack she developed bronchial catarrh and died on July 3rd. The autopsy revealed extreme arterial degeneration and chronic nephritis.

The second case was that of a woman, 37 years of age when admitted in 1906. It was a case of manic-depressive insanity, the excited phase predominating. She suffered from stomatitis and diarrhoea, ascribed to her debilitated condition. She also developed a pellagrous dermatitis, but the only mention of it appears in October, 1912, when we find the following entry: "A troublesome dermatitis is only now beginning to clear up." Dr. Blandy remembers that the eruption appeared on the forehead, around the mouth, on the alae nasi and on the backs of the hands. It was supposed that it had commenced as a severe sunburn as the patient had been running about in the open air without a hat, but it continued for so long that this explanation was felt to be very insufficient.

The indigenous cases so far recorded are now sufficient, I think, to show that pellagra is certainly endemic and widely distributed throughout the British Isles. It is to be hoped, therefore, that physicians, especially those practising in rural districts, will soon learn to recognize it, and then we shall know something about its prevalence. My experience of the history, epidemiology and distribution of pellagra in several countries leads me to believe that there must be hundreds of unrecognized cases in Great Britain. As the cases already described amply prove, the disease is one of extreme gravity, and it is to be hoped that, following the example set by the United States, the Government will institute an inquiry.

With regard to the etiology of pellagra, the British cases absolutely disprove the maize theory of its causation.

NODULAR LEUKAEMIA.

BY

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A PAPER by Reid, of Belfast, and others in a recent issue of the JOURNAL¹ raises anew the interesting question of the "associated syndromes" of leukaemia. These are four in number, and with the exception of one, chloroma, they are not necessarily a part of leukaemia, but may be met with in other conditions. These other conditions are rather indefinite when one looks at classical descriptions, and in consequence great confusion has arisen. The syndromes have been raised to the status of distinct diseases, and all classes of case showing them have tended to be included as examples of these diseases without reference to their proper classification.

An example will make this more apparent. There may be in leukaemia a great multitude of skin lesions—more or less definite tumour formations—and these may even be preceded by a "pre-fungoid" stage. Such cases have been included in the literature of dermatology as examples of "mycosis fungoides" and "lymphodermia perniciosa of Kaposi." But these titles also cover many cases which, whatever may be their true nature, are not examples of leukaemia. Hence it is correct to state that many cases reported as mycosis fungoides are in reality cases of leukaemia, and the frequent absence of blood examinations makes a final decision impossible. But it is not possible to assert that all such cases are examples of leukaemia.

The four "associated syndromes" are as follows: The first is the syndrome in which one finds symmetrical skull tumours, often of a green colour, but not always, and resulting in blindness, deafness, etc. There may also be lesions of other bones, or, rather, of the periosteum in other situations. This syndrome has usually been called "chloroma," on account of the green colour of the lesions. All cases with a green colour and some others are examples