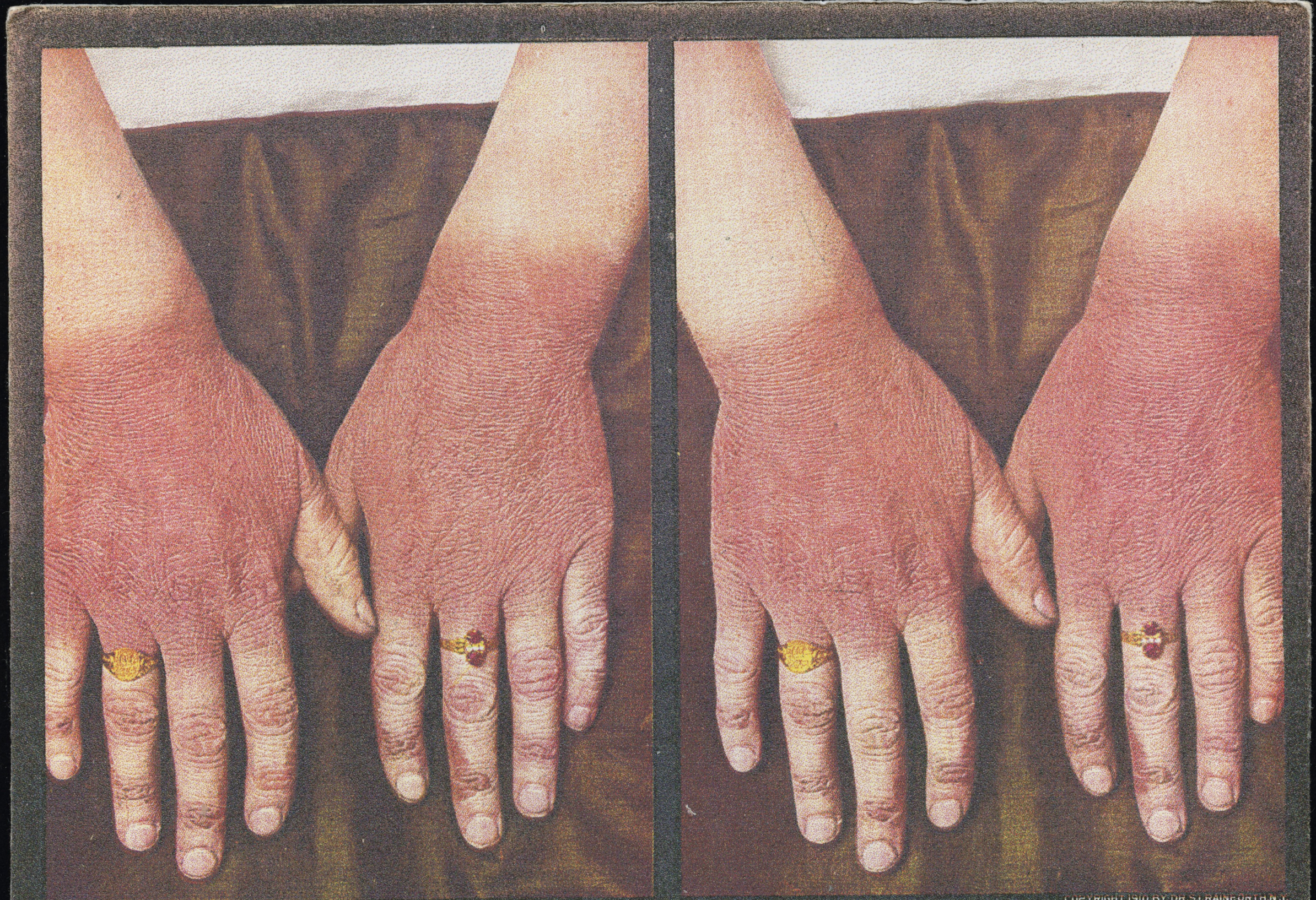

PELLAGRA

Pellagra is an endemic, chronic, non-contagious, systemic disease characterized by recurrent symptoms referable to disturbances of the central nervous system and the digestive tract, and by peculiarly distributed skin lesions of an erythemato-squamous and pigmentary character. After a period of more or less marked asthenia, often accompanied by attacks of headache, dizziness, epigastric pains and diarrhea, the cutaneous eruption appears usually late in the spring or some time in the summer. The distribution of the rash is nearly always symmetrical. The backs of the hands are invariably affected; the other regions that may be involved in combination with the hands are the forearms, the dorsal surface of the feet, the face in women and children only, the neck and very rarely the extensor surfaces of the knees and elbows, and the scrotum. On the hands the rash stops abruptly at the border of the volar surfaces. Often it does not extend upon the fingers beyond the first phalanges. The finger nails are never affected. The lesions usually advance onto the lower third of the forearms and may encroach upon their anterior surfaces. The intensity of the skin eruption bears no relation to the intensity of the other symptoms, and involution of the skin lesions may begin at any stage of their development. The rash first appears as coin-sized patches of erythema which spread and coalesce. In a few days the epidermis begins to desquamate. On the hands only the fissures between the flakes sometimes extend to the corium and produce somewhat painful rhagades. Ordinarily the only subjective symptoms are slight burning and a feeling of tension, but these are increased by exposure of the skin to the sun and air. With a very intense dermatitis the hands may be swollen and vesicles and bullae and secondary erosions and crusts may form. The redness gradually becomes darker and browner from the deposition of pigment in the skin. On the forearms the marginal zone of the dermatitis is occasionally several shades lighter than the backs of the hands. At this stage the skin usually appears thickened, the lines may be deeper and the skin fields much more prominent than normal. The horny layer is often hyperplastic and the skin feels harsh and rough. These changes become more and more marked in succeeding attacks. In six to ten weeks, or with the advent of cool weather, all the symptoms abate and the cutaneous lesions may disappear entirely, but they usually recur each succeeding spring with ever-increasing severity. After repeated attacks the skin may be left smooth and glossy or wrinkled and parchment-like as in idiopathic atrophy. There is often considerable loss of cutaneous sensibility. Thus with seasonal remissions and exacerbations the disease may last for years, the general symptoms growing gradually more severe until the patient becomes greatly emaciated and despondent. Hebetude, chronic mania, melancholia or dementia may develop, with spinal symptoms such as incoordination of movement, tremors, great muscular weakness or paralysis. The average duration of life is five years, though patients sometimes survive for ten or fifteen years. The cause of the disease is not known. It is fostered by privation and poor hygiene and in the great majority of cases the patients have consumed large quantities of decomposed or fermented corn. The disease rarely occurs in infancy. **DIAGNOSIS:** Not so much the type of the eruption as its peculiar distribution and association with mental, nervous and intestinal symptoms, make the diagnosis comparatively easy. **TREATMENT:** In early mild cases the outlook is favorable. There are no specific remedies. Good nourishing food in good surroundings and the administration of tonics, particularly arsenic and iron, are the essentials of treatment. Locally the affected skin should be covered with a bland salve and protected from the light.