

The prevalence of pellagra / by J.W. Babcock.

Contributors

Babcock, James Woods, 1856-1922.
Royal College of Surgeons of England

Publication/Creation

Charleston, S.C. : Presses of Walker, Evans & Cogswell, 1910.

Persistent URL

<https://wellcomecollection.org/works/gnpsbhar>

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).

Tracts B. 275

(1)

THE PREVALENCE OF PELLAGRA

BY

J. W. BABCOCK

COLUMBIA, S. C.

Reprint from

THE JOURNAL OF THE SOUTH CAROLINA MEDICAL ASSOCIATION

September, 1910. Pages 445-449

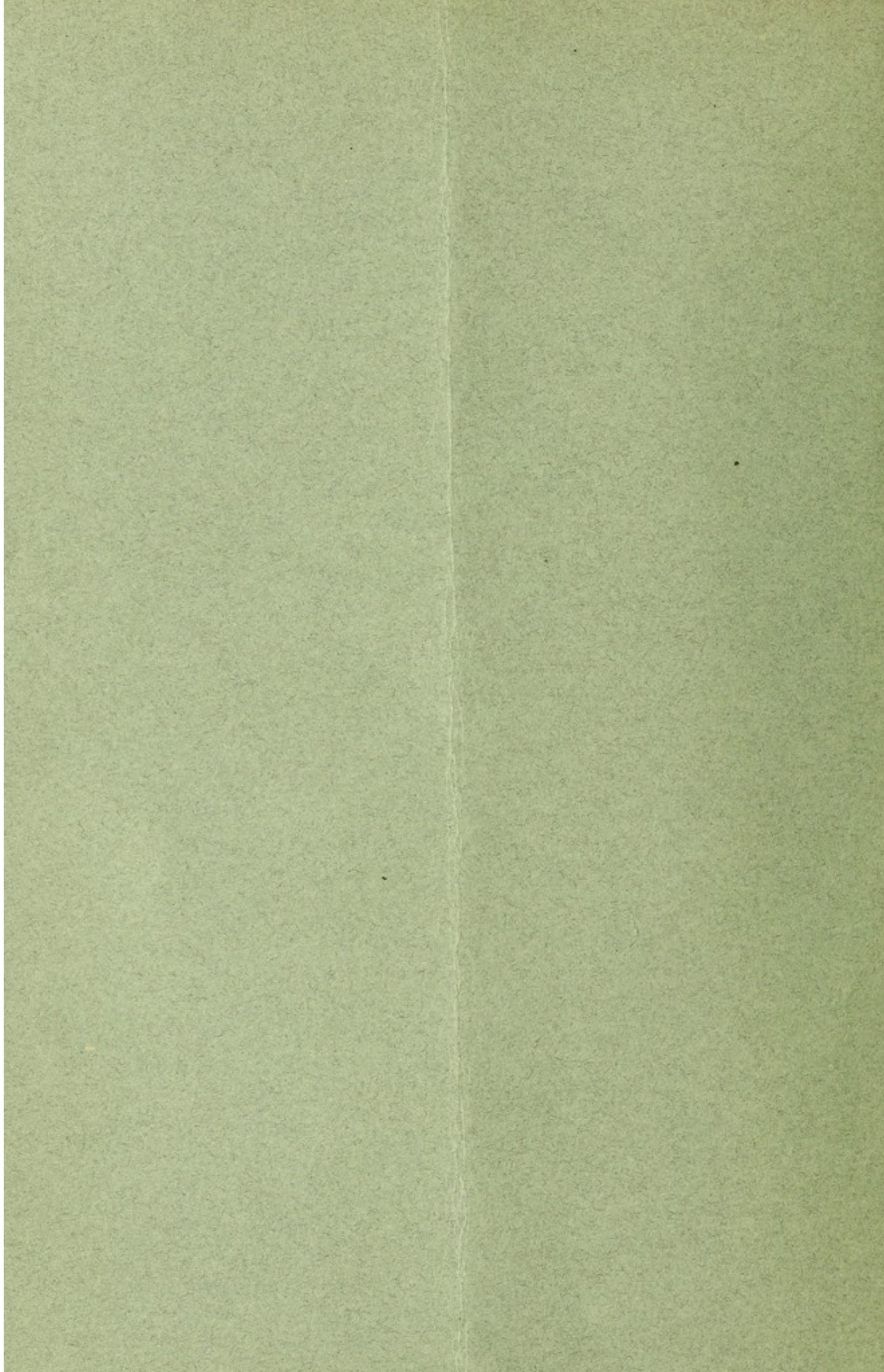
Presses of

Walker, Evans & Cogswell Company

Charleston, S. C.

1910





THE PREVALENCE OF PELLAGRA.*

By J. W. BABCOCK,

(Physician and Superintendent, State Hospital for the Insane, Columbia, S. C.)

At the last meeting of this Association a collaborated report (1) was presented upon the known and estimated statistics of pellagra in this country. At the request of your committee on programme, I renew and amplify the topic to-day. Unfortunately, I must still speak from the asylum point of view, reliable statistics from the general population not yet being available from many States.

PREVALENCE.

In the previous paper it was stated that 1,000 cases of pellagra had been reported from thirteen States, more than half being in insane asylums and similar institutions. These cases were, for the most part, in the South Atlantic and Gulf States, and a conservative estimate was given of the occurrence of 1,500 cases in the Southern States in the three preceding years. When our manuscript went to press in the early fall the number of States in which pellagra had been reported had reached sixteen, two interesting foci of the disease having been discovered in Illinois in July and August at the Cook County and Bartonville Hospitals, respectively.

In December, 1909, records were at hand of the existence of pellagra in twenty-six States. A few cases of the disease had been diagnosed or suspected in Massachusetts, New York, New Jersey, Pennsylvania, Maryland, Oklahoma, Arkansas, Kentucky, Iowa, Kansas, California, Ohio, New Mexico and Colorado. Some of these were "imported."

*Read before Am. Med. Psycholog. Assoc., Washington, D. C., May 5, 1910.

While in the following States pellagra had been recognized as present in more formidable proportions among natives and residents, more especially in insane asylums—Virginia, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Texas, Tennessee and Illinois.

To these we may now add Vermont and Missouri.

Since this paper was read single cases of pellagra have been reported from Rhode Island, West Virginia and the District of Columbia; and record may now be entered of the discovery of another interesting focus of the disease recently made at the Philadelphia Hospital for the Insane, ("Blockley").

PELLAGRA IN THE UNITED STATES..

STATES.	CASES.
1. Massachusetts	3
2. New York	3
3. New Jersey (imported).....	1
4. Pennsylvania	33
5. Maryland	7
6. Virginia	100-300
7. North Carolina	200
8. South Carolina	500
9. Georgia	670
10. Florida	50
11. Alabama	330
12. Mississippi	188
13. Louisiana	500 (?)
14. Texas	100
15. Oklahoma	1
16. Arkansas	1
17. Tennessee	51
18. Kentucky	5
19. Illinois	250
20. Iowa	2

Grateful acknowledgment is made to officers of the U. S. P. H. and M. H. Service, and to assistants in the Library, S. G. O., Army Med-

ical Museum, Washington, D. C., for many courtesies and valuable aid while preparing this paper.)

21. Kansas	2
22. California	7
23. Indiana	1 (?)
24. Ohio	1
25. New Mexico	2
26. Colorado	1 (?)
27. Missouri	3
28. Vermont	1
29. Rhode Island	1
30. West Virginia	1
31. District of Columbia.....	1

This table indicates that pellagra exists, or is suspected, in 30 States and the District of Columbia, and that the number of cases approximates 3,000. Some of the figures are based upon actual cases and others upon general estimates. While some estimates seem large, nearly all are made by health officers, or physicians, who have had experience with both statistics and pellagra, so that upon the whole the sum total may, as was claimed for the estimates last year, be considered as conservative. That 5,000 cases of pellagra have occurred in the United States in the last five years is probably true.

NORTH CAROLINA—"There is satisfactory proof that at least one case of pellagra occurred in this State as far back as 1889. There are definite records of 200 cases in North Carolina. It is difficult to estimate how many cases occurred in the State as a whole. It is certain that only a small portion have been recognized. It is no unusual thing for us to find, in running down one case, four or five more very mild cases in the same house." (2.)

ALABAMA—(Dr. J. T. Searcy.) Pellagra statistics in asylums up to December, 1909:

The Bryce Hospital since 1896:	
White men	6
White women	21
—	
Total	27
Deaths	18
Mt. Vernon (Colored) Hospital since 1896:	

Negro men	66
Negro women	144
—	
Total	216
Deaths	121

Average number of white patients....	1,350
“ “ “ colored “	650

A press report based upon records of the Alabama Board of Health states: Fifty-five persons (21 white and 34 negroes) died of pellagra from January 1, 1909, to October 1, 1909, and 38 cases were still under observation.

SOUTH CAROLINA—"The disease has been recognized in Charleston since March, 1908, but it is a very general opinion among the local physicians there that pellagra has existed in that city for twenty years or more under other diagnoses. Nineteen cases—white males, 6; colored males, 3; colored females, 10—have been recognized. Ten have died. The death rate in insane cases was especially high." (3.)

I will pass among you two maps, showing the local origin of 137 cases of pellagra admitted to the South Carolina State Hospital from January 1, 1908, to November 1, 1909. (About 12 per cent. of the total admissions.) In the State Hospital last year out of 605 admissions, 92, or 15 per cent., had pellagra on admission, and there were 68 deaths from the disease. The other map is based upon reports to the secretary of the State Board of Health from physicians upon pellagra throughout the State.

The most striking feature about these two maps is the greater prevalence of the disease, just as has been suspected, above the "fall line," or in the upper part of the State.

LOUISIANA—"The number of cases of pellagra in the State positively diagnosed is about 75, of which 85 per cent. are in State institutions." (4.)

VERMONT—A press dispatch under date of April 17, 1910, reports what is said to be the first case of pellagra in

Vermont, in a woman, at the Fanny Allen Hospital, at Burlington.

PENNSYLVANIA—Passed Assistant Surgeon John D. Long, U. S. P. H. and M. H. Service, tells me that about June 1, 1910, in consultation with the medical officers of the Philadelphia Hospital for the Insane ("Blockley") he saw in that institution nine cases of pellagra and sixteen suspects.

RHODE ISLAND—A dispatch dated July 12th announces the death at the State Alms House at Providence of the first case of pellagra in the State, a man 55 years old.

CUBA—"It has been taken for granted that pellagra does not exist in Cuba, but Dr. Manuel Bango says very rarely cases have been imported from the Austrias, and occasionally a tentative diagnosis has been made in natives or residents, usually alcoholists or sufferers with sprue." (5.)

Such are some of the current reports and comments about the prevalence of pellagra. They could easily be multiplied.

The general attitude of the American medical mind towards the possible existence of pellagra in this country is well illustrated by the fact that one of our highest authorities on diagnosis a few years ago, while on a visit in South Carolina, after carefully studying a typical pellagrin, rendered the opinion to his equally puzzled fellow-consultants that it was a case of "glossitis." This incident may soothe our professional conscience somewhat, but it does not excuse us. I know now that I should have made the diagnosis of pellagra in South Carolina nearly nineteen years ago. If pellagra and beriberi have admittedly occurred in our asylums, sporadically or endemically, shall we not learn a lesson therefrom and hereafter be on the alert for other so-called tropical diseases?

Neither the occasion nor space permit consideration of foreign statistics, however interesting and instructive they may be. But briefly, it may be noted that, according to the circular recently issued by the British pellagra investigation

committee: "In certain countries within the Mediterranean regions, such as Spain, Italy and Roumania, pellagra is looked upon as a veritable calamity. For Italy a yearly estimate of from 50,000 to 60,000 standing cases is no exaggeration; while Roumania, with a population of 5,300,000, is estimated to have from 40,000 to 50,000 cases." When we recall that according to different authorities from 4 to 10 per cent. of pellagrins become insane, we can understand the significance of these figures to alienists as well as to sanitarians and publicists.

The evidence is accumulating that pellagra has probably existed in this country since the "big war," at least Gray and Tyler went on record with reports of cases in 1864—and it is worth recalling that it was at a meeting of this Association in this city—and there is reason to believe that the disease was prevalent at the same time in the Andersonville, Ga., prison. Dr. W. I. W. Kerr, of Corsicana, Texas, an assistant surgeon of the prison, is my authority for the statement. A former assistant physician in the South Carolina Asylum, Dr. H. N. Sloan, says the disease was recognized and called pellagra there in the early 70's, but I have found no printed or written record of it. Dr. J. L. Thompson, for many years assistant physician, as well as old attendants, in the same hospital, are now satisfied that they can trace the disease back to the early 80's. As stated above, Charleston physicians now admit the occurrence of pellagra in their city twenty years or more ago. In addition to the early cases mentioned in the paper last year, I have learned from Dr. C. C. Bass that Dr. Bemis, of New Orleans, left a written diagnosis of a case in the Charity Hospital in 1889. Dr. Isadore Dyer, of New Orleans, had a case diagnosed as pellagra, and referred to him for treatment by an Alabama physician six months before Dr. G. H. Searcy observed the disease. So we may conclude that isolated cases of pellagra, native and imported, have

probably occurred in general practice, and especially in asylums and hospitals, for the last half-century, although the diagnosis may not always have been correctly made. But after granting the occurrence of sporadic cases for a long time we must admit that we are now passing through a serious epidemic of pellagra.

A phase of the psychology of the problem has been the failure of the profession to recognize pellagra, if it has heretofore been prevalent in anything like its present proportions. The explanation of, or the responsibility for this oversight, rests largely with the authors of English and American textbooks, of both general practice and insanity, who have told us, if they told us anything at all about it, that pellagra is an Italian disease that does not occur in our country. (6.) But in 1882 Van Harlingen (7) announced that the disease was likely to occur in the United States at any time.

So careful an authority as Surgeon Rupert Blue, of the U. S. P. H. and M. H. Service, states that he is of the opinion that pellagra can be found to-day in nearly all of the insane asylums and alms houses of this country." (8.)

This statement is probably too sweeping, but it serves to indicate how important it is that accurate statistics should be secured at an early date.

It is my impression that the discovery of the existence of pellagra in their institutions is not welcomed by some asylum officers. Recently while visiting such a hospital in which the disease had not yet been recognized, I saw and called attention to an unmistakable case, but I was not invited to extend my observations.

Less than two and one-half years ago pellagra was but a shadow of a name to most of us. The increasing number of States reporting the disease and the figures quoted above, indicate, to some extent, how common in some communities as well as how widely disseminated the disease is, and probably has been for some years, in the United States. By asylum officers—shall I say in the South only?—pellagra is now becoming recog-

nized as of great importance as a cause of insanity.

It is to emphasize the above facts that I have, after hesitation, undertaken, on rather short notice, again to present the topic of pellagra before you.

CONCLUSIONS—It is now established that pellagra in the United States extends from the Atlantic to the Pacific, and from the Great Lakes to the Gulf of Mexico. The disease is, therefore, no longer merely of academic interest to the American physician, be he alienist or neurologist, dermatologist or general practitioner.

It is probable that pellagra has occurred sporadically in this country for forty or fifty years, but it is certain that for the last three or four years it has appeared in epidemic form.

Numerically its prevalence cannot be accurately or even approximately stated, but its wide geographical distribution emphasizes the need of vigorous, intelligent investigation into its causation, prevention and treatment on the part not only of the medical profession but also by both State and Federal Governments.

REFERENCES:

1. Lavinder, C. H.; Williams, C. F., and Babcock, J. W., *Trans. Am. Medico-Psycholog. Asso.* XVI., 283; also *Pub. Health Reports, Wash.*, 1909, XVI., 25, 849; also *Jour. S. C. Med. Asso.*, 1909, V. 351; also Reprints.
2. Wood, E. J. and Bellamy, R. H., *N. C. State Board of Health*, XXIV., No. 7.
3. Sams, F. F., *Pub. Health Repts.*, Nov., 1909.
4. *Quart. Bull. La. State Board of Health*, I. 3.
5. Guiteras, J., *Sanidad y Beneficia, Havana*, 1909, II., 377.
6. Spitzka, E. C., "Insanity," *N. Y.*, 1883, 124.
7. Van Harlingen, A., "Dis. of the Skin," 1882.
8. Blue, R., *Cal. State Jour. of Med.*, 1910, 101.

