



A CASE OF PELLAGRA.  
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## Original Articles.

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K. L., Hindu male, aged 32, cloth merchant, of Kishengunge town, Purneah district, was brought to me by his family physician, Dr. Ghosh, on 18th January, 1915, on account of dyspepsia, increasing weakness, loss of flesh, and neuralgic pains in back and shoulders. I was particularly struck by an eruption, of which he made no complaint, on his face, shoulders, forearms, hands, legs, and feet and made a diagnosis of pellagra. Under treatment the patient's general condition became much improved. I learned later that the eruption had also completely disappeared. He returned on 23rd January, 1916, with all his old symptoms and some new ones, and the following history was obtained from him:—

*Family history.*—Nothing of importance beyond the fact that one of his brothers was said to be suffering from leprosy. A careful examination of this brother, who was as stout as the patient was thin, showed no signs of leprosy whatever. An examination of his blood, by Major Greig, I.M.S., showed no acid-fast bacilli, but merely an increase in eosinophyles.

*Previous history.*—Born, brought up, and lived all his life in Purneah; habits—sedentary; previous health—satisfactory; diet—rice, dal, vegetables; has never eaten maize.

*Present illness.*—Four years ago, in the winter, he was attacked with orchitis and abscesses in his scrotum. Later, he complained of nausea and vomiting, and noticed that the skin over the dorsum of the hand appeared "cracked." It caused little trouble, no attention was paid to it, and it disappeared subsequently without treatment. In the winter of the following year, the skin rash reappeared over a wider area extending up the forearm and was accompanied by burning sensation. Its duration was longer. In the third winter the rash appeared again over a much more extensive surface—back of hands and forearms up to elbow, dorsum of both feet, front of legs and knees, on both sides of neck or shoulders, over scapula behind, on forehead, and face. It was accompanied by burning sensations. This was the attack in which I first saw him. His present attack came on with the onset of winter in October, 1915. Between the attacks he states that his skin remains healthy.

### CONDITION IN JANUARY, 1915.

He is considerably wasted and complains of weakness. There are small sores and ulcers on buccal surface of lower lip, the gums are somewhat swollen and tender, the tongue in places is denuded of epithelium which gives it a raw red appearance, and there are some shallow ulcers on the hard palate. He complains that owing to the soreness of his mouth he has difficulty in swallowing his food, and that when he does swallow the food in, its passage down the œsophagus is accompanied by a burning sensation. His bowels are constipated, and there is a burning sensation in the rectum both before and after defæcation. There is a burning sensation in the palms of the hands and the soles of the feet, which begins at 2 P.M. and gets worse at night as the air becomes colder. He suffers from frequent involuntary nocturnal emissions. There is at present no vomiting. There is some hyperæsthesia of the skin to pin prick. The knee and ankle jerks are brisk, and there are no cloni. He has a double hydrocele, and the skin of the penis and scrotum is thickened as in early elephantiasis. Heart, lungs, liver, and spleen healthy. *Blood* examination kindly made for me by Major Greig, I.M.S., showed no malarial or other parasites and no acid-fast bacilli, and the leucocyte count appeared normal.

Urine contained a trace of albumen.

*The eruption.*—The patient's usual covering is a vest and dhotie. On all surfaces exposed to direct sunlight with those clothes the eruption, which is symmetrical, is seen. It is seen on the forehead, nose, cheeks, and sides of the neck, shoulders, scapulæ, on the dorsum of the hands and forearms, extending also to two inches on the upper arm, on the dorsum of the feet, front of legs, and outer side of the thighs. The palms of the hands and soles of the feet and flexor surface of the forearms are healthy.

The skin over the site of the eruption feels hot to the touch. It is a distinct erythema with a sharp line of demarcation indicated by a red line. The older parts are dark, rough, scaly, and the skin appears to be distinctly thickened. There were also small bullæ on the tips of the big toes and thumbs but none elsewhere. Scalp was healthy.

*Remarks.*—The case was shown to other members of the staff, who agreed with the diagnosis. Lately, I have heard from Dr. Ghosh that the patient is getting weaker and becoming "like insane." From this it would appear that the disease is making rather rapid progress and nervous changes are taking place. This is not the first case of pellagra I have come across, but it is the first I have been definitely able to follow up for some time and keep under observation.