

cures should be condemned—too often they foster a false hope and postpone a more rational line of treatment till there is but little chance of a recovery. (We have no specific remedy—therefore we have many so-called remedies and near specifics.

Many men report excellent results from the use of this or that remedy which does not yield such good results in the hands of another. There is much in the personal equation of the physician using his own remedy which no doubt often accounts for another's failure with the same remedy.

Alessandrini and Scala would have us use 1 c.c. daily intramuscular doses of a 10 per cent solution of sodium citrate, which they report gives good results. No doubt many cases get well without any treatment, which accounts for so many remedies and their apparent success.

Hydrochloric acid should always be supplied where it is diminished or absent. Of the many remedies, thymol, quinine hydrobromide, picric acid and the arsenical preparations, especially sodium cacodylate, are apparently the most popular.

In view of the fact that the symptoms are largely toxicemic in nature—rest in bed and the many measures to rid the patient of his toxins, probably bring about many recoveries, regardless of the remedy used.

WILMER L. ALLISON, *Chairman.*

K. H. BEALL.

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MAC PARRISH.

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Committee.

PELLAGRA IN TEXAS.*

By K. H. BEALL, M.D.,
Fort Worth, Texas.

As there are a number of distinguished

speakers who are to take part in this symposium, I shall consume only such time as the importance of my remarks may seem to justify.

Like the sister States of the South, Texas faces a new health problem, and while a conservative alarm has been sounded throughout the State by a few, the State government has done very little to check the ravages of this new enemy. It was in 1907, eight years ago, that the first report of a death from pellagra was made in Texas by Dr. Merrill, of Colorado City. Eight years ago pellagra was purely of academic interest to us, but last year it killed at least five hundred of our citizens, invalidizing many thousand more.

I have upon this first chart (referring to chart) placed the number of deaths according to years, beginning with 1910 and ending with 1914. Each dot gives the number by months. When we consider that it has been only eight years since the first death was reported, you can appreciate the terrible ravages of the disease in the last eight years. (A glance at this chart shows the summer increment, the disease increasing every mid-summer, and while this is quite complete from the standpoint of mortality statistics, it represents fairly well the morbidity of the disease also.) In the last two or three years the profession has been very well educated along the lines of pellagra, and this increase, this big jump, represents an increase in the disease.

Upon this county map I have a large number of dots, each dot representing a death from pellagra, which is reported to the State Board of Health at the first of the year 1914.

Texas has within her confines a great many varieties of soil, climate and altitude, and it is interesting to compare the disease in different parts of the State. However, I shall not consume your time in doing that. You can do it for yourselves as well as I can.

There are some points I might say a word

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or two about. First, there is a pellagrous belt through here, that is, the populous part of Texas. In Jones County there were seven reported up to the first of the year, and a very much larger number in proportion to the population than in Dallas County.

Another very interesting point is that Navarro County has a great many more deaths from pellagra than El Paso County. Navarro County has six or seven times as many cases of pellagra. There is a real reason why this occurs. There are several factors which may be considered, one of which is the altitude, another the climate. It is certainly not the water, because El Paso has a large river and many irrigation ditches. It is not the water which is the factor. This whole panhandle of Texas is free from pellagra, and that may be due perhaps to altitude, because it is higher than in this part of the country, and along with the higher altitude there is a cooler climate. We are familiar with the therapeutics of cold, especially those who have sent patients to Colorado in the summer time.

Upon this chart I have placed 1,769 deaths from pellagra occurring according to the decades of life and sex, and I shall make no comment on this chart. It is to me extremely interesting. I shall offer no theory of etiology, and for any theory of etiology to be accepted it must explain this very great peculiarity of pellagra. This black line represents the middle course according to the decades of life, and each little square is a decade. Starting here (indicating) the curves are together, the female curve rising just a little bit. In the next decade, fifty to sixty, the male curve shows a little rise, but the female curve is still high, the female curve coming nearer. Between sixty and seventy they are together. In this chart showing 1,769 deaths there are exactly the same number of females and males between sixty and seventy. This is remarkable. It shows that pellagra attacks women of certain age much more frequently than men of

certain age, or they become much less resistant to its ravages.

An intensive study of pellagra would probably be extremely more fruitful at this time than any future time, and would lead to much greater results than it would ten years from now if its epidemiological features, heredity, poverty, alcoholism, and syphilis are considered, and the State of Texas has no right to watch complacently this enemy slaying our people. No one knows but in Texas and in this Southland pellagra may find a ripper field than in Italy.

DRUGS IN PELLAGRA.*

By W. T. WILSON, M.D.,
Navasota, Texas.

The problems of the treatment of pellagra seems to resolve themselves into the proper selection of foods and the use of certain drugs.

The drugs most frequently used are: Sodium cacodylate, salvarsan, arsenic, saomin, quinine, iodide potash, sodium chloride, sodium bicarbonate, and thymol.

Favorable results in the management and treatment of pellagra depend much on a clear understanding of essential facts you have presented by each individual. This is not so important in the first few days of diet, which should consist of the white of eggs and buttermilk, but is of great value a few days later, when you begin to increase your food. The same might be said in regard to the giving of medicine, especially in the use of picric acid in this disease, and now to date, after having treated many cases with picric acid internally, as a gargle and locally, I am still unable to explain its

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