be impossible for patients suffering from pellagra to supply themselves with these foods, but fortunately field peas and navy beans will accomplish the same thing, and the people of the State of Mississippi should be encouraged to grow more field peas and navy beans, and one of these two articles should become a part of the diet of every individual that cannot supply themselves with meat, milk and eggs. In preparing either field peas or navy beans for the feeding of pellagrins. It is well to cook them to a mushy consistency, and insist on them eating them several times each day.

It is necessary that the medical profession give the matter of treatment of pellagra considerable attention. This is easily understood when we consider that if this disease increases in the same proportion that it has during the year of 1914 over that of the preceding year, the number of deaths for the year 1916 will exceed the number from all forms of tuberculosis, hence the necessity for immediate action.

AUTHORS' ABSTRACTS.

Tropical Diseases and Public Health.

Pyrrohea Alveolaris as a Cause of Pellagra. By D. L. Smith (Dentist) and G. Y. Moore, Cuthbert, Ga. Read before the Randolph County (Ga.) Medical Society in April.

All writers on pellagra say: The etiology is unknown. While we do not base our findings on rigidly scientific data, we have circumstantial evidence of a corroborative nature which is merely convincing that pyrrhea alveolaris is a cause of pellagra. As a sample of some of this evidence we submit the following:

1. Every pellagrins examined by us was suffering with pyrrhea, or had been infected as a result of this disease.
2. It is an established fact that many constitutional diseases have their origin from pathogenic bacteria developed in a septic mouth.
3. Pyrrhea alveolaris is found in its worst form among the poorer class of people, principally in the rural and cotton mill districts.
4. Patients who are pronounced pellagrins are relieved and restored to health by the scientific treatment of pyrrhea alveolaris.
5. The course of pellagra indicates its etiology to be a slow systemic poison.

Case: Lady, aged 40. Case diagnosed as pellagra. examination showed a well-developed case of pyrrhea alveolaris. Was scientifically treated for auto-toxemia as a result of pyrrhea, with complete success. Many other cases can be reported. The result of a patient swallowing from one to more teaspoonfuls of pus daily cannot be determined.

The mosquitoes were for years the unsuspected source of malarial and yellow fevers. Ground itch

was until recently considered harmless, but has proven to be the source of hookworms.

Pyrrhea is a true source of pellagra. When once the pyrrhea is relieved the results disappear.

The Treatment of Pellagra by Auto-serotherapy. By Ernest E. Palmer and William Lee Seor, Kerrville-on-the-Guadalupe, Texas. Journal of the American Medical Association, May 8, 1915, p. 1566-1567.

Thirty years ago blistering was considered a very valuable therapeutic procedure in the treatment of pneumonia. Its beneficial action was thought to be due simply to counterirritation. The physician, in giving directions for producing an efficient blister, laid much stress on two points: first, a real blister must be raised, and, second, it must not be broken. Why should the serum be kept from escaping if its whole effect was simple counterirritation?

It is our belief that the benefit derived from the old-time blister in pneumonia was not due simply to counterirritation, but that its effect was due to antigens produced in the serum and reabsorbed, thus stimulating the production of antibodies.

Reasoning on this basis, we were led in June, 1913, to try the effect of auto-serotherapy in the treatment of pellagra. We have treated ten cases to date and have been perfectly satisfied with the results in each case.

Our technic in using auto-serotherapy is simple, rational and effective. A piece of cantharides plaster 1½ inches square is smeared with olive oil and placed on the chest at bed time. In the morning a blister will be raised. The plaster is not now removed, but is simply lifted at an upper corner, and a hypodermic needle is introduced into the blister from the top. One c. c. of serum is withdrawn and injected into an arm. There should be no visible reaction.

We also use as a routine 3 drops of Fowler's solution after each meal. This hastens results.

Pellagra—Preliminary Paper. A Theory as to Origin—A Suggestion as to Therapy. By Rufus T. Dorsey, Atlanta, Ga. Journal-Record of Medicine, February, 1915, pp. 490-506.

Pellagra is a nutritional disease resulting from an unbalanced diet too long continued causing the formation and accumulation of a "fatty acid lipid"; this body is toxic, or rendered so and has great affinity for nerve structures. Many cases have suddenly developed pellagra following an operation, though none existed before. A retained lipid was changed, solved or in some way precipitated by the anaesthetic. Lipids are fat-like substances readily dissolved by ether, chloroform, or bile acids. Cases thus flared up by ether or chloroform have pursued various courses. Some have quickly died from the enormous amount of lipid poison liberated; others have recovered by securing free elimination.

Treatment suggested: Medical, non-poisonous agents to bring the lipid body into solution, and then agents to cause its elimination. The first are ether, chloroform and benzol, internally ad-