SCURVY—A RARE DISEASE?

THOMAS J. THOMSON, M.B.Glas., M.R.C.P.Lond., F.R.F.P.S.Glas.,
from the Department of Materia Medica and Therapeutics, University of Glasgow,
and Stobhill General Hospital, Glasgow.

There appears to be considerable differences of opinion about the frequency of occurrence of clinical scurvy among the adult population of Britain. ' Frank scurvy is now almost a clinical curiosity in this country ' (Riches, 1954). ' . . . . . at the present time scurvy in adults is a rare disease ' (Conybeare, 1940, 1954). ' Scurvy in an adult is rare . . . . . ' (French, 1954). On the other hand the sporadic occurrence of the disease among ' poor, solitary people living principally on bread and jam and tea ' is mentioned by Davidson (1953) and by several other authors.

A survey of admission to Stobhill General Hospital, Glasgow, during the past 15 years reveals 100 cases of florid scurvy. Fifty-two of these were admitted to one Unit of 200 beds between 1937 and 1947. Since 1947 forty-eight cases have been admitted to the three Units in the medical division of the hospital (310 beds). The data set out in Figs. 1 and 2 are largely self-explanatory, but the following brief comments may be added. Prior to July, 1948, Stobhill Hospital belonged to the Local Authority. Details of some of the earlier cases are to be found only on abstract cards, and in some instances the notes are incomplete ; further reference is made to these circumstances in the observations which follow.

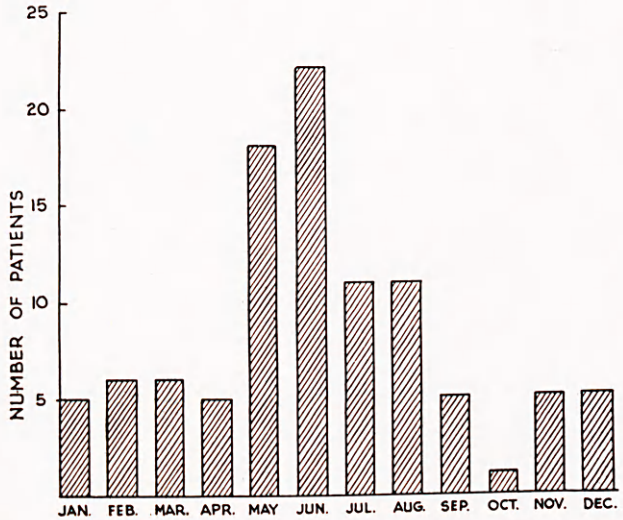

Fig. 1. Monthly admission-rate of 100 cases of scurvy.

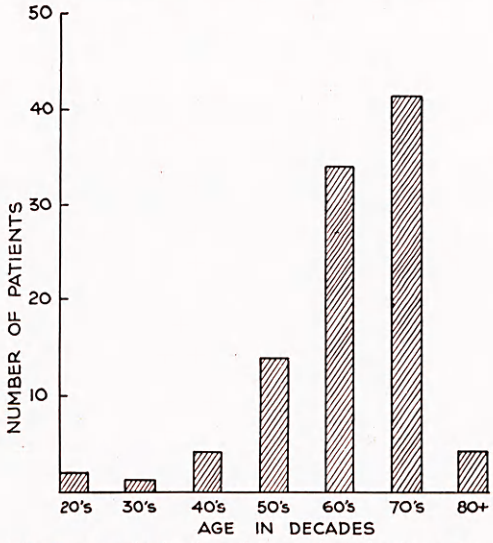

Fig. 2. Age-distribution of the patients in this series.

Annual incidence. This ranged from 4 to 7 cases. There were peaks in 1942 (14), 1944 (10) and 1953 (9).

Monthly distribution. The sudden increase in the number of cases in the summer months May to August is characteristic of the seasonal variation in the incidence of this deficiency disease. No doubt this is attributable to depletion of tissue reserves built up in the preceding summer—a time when fresh food is cheaper and more readily available.

Age and sex. There were only 6 women in the series of 100 cases. Among the men the high incidence of the disease in the 7th and 8th decades is explained by the high proportion of bachelors and widowers fending for themselves.

Social background. In 58 of the cases there were details of the domestic circumstances : fifty-two of the patients (89%) lived alone or in lodging houses and did their own cooking.

Clinical features. Adequate clinical details were available for 82 of the patients. Eighty of these were found to have signs in the lower limbs—sheet haemorrhages or widespread subcutaneous extravasation of blood, either spontaneous or following minor trauma. It is a fact of considerable diagnostic importance that this striking physical sign is almost invariably present in ambulant subjects.

Sixty-six records included reports on blood examination, and these showed that 82 per cent of the patients suffered from anaemia which was moderate or profound in severity. This general comment on the occurrence of anaemia seems to be all that is warranted in view of the fact that the data were provided by a large number of observers over a period of 15 years.

Diagnosis. Not all these cases were correctly diagnosed by the doctors who sent the patients to hospital. The scorbutic lesions were most commonly confused with varicose veins, phlebothrombosis, congestive cardiac failure, osteo-arthritis (when suffusion of blood had occurred into or around a joint) and senility.

Recovery. Recovery was complete in 95 patients. The five deaths were attributed to myocardial infarction (2), pneumonia, haemorrhage from a chronic duodenal ulcer, and inanition.

COMMENT.

Scurvy is an eminently preventable disease. In practice, however, it is found that a small proportion of apparently normal people grow indifferent to the simplest dietetic precautions. The type of man who is liable to fall a victim to malnutrition and gross scurvy is well known in industrial areas: some of the characteristics of his background and personality are indicated in this memorandum. Many of these scorbutic patients are admitted from lodging houses. For every case of florid scurvy which comes under medical care there are almost certainly several minor ones which are never seen by the doctor; and it may well be that among this section of the community sub-clinical scurvy causes a good deal of vague general ill-health wrongly attributed to 'old age.' It would be interesting to observe the effect over a period of a few years of providing a free issue of ascorbic acid in a palatable form for all the inmates of lodging houses in a large city. Success, as measured by a sharp reduction in the incidence of scurvy, would, of course, be gratifying; but such results would also serve to emphasize the need for a complete review of the dietetic habits of these old men.

ACKNOWLEDGEMENTS.

I wish to thank Dr. A. D. Briggs, the Medical Superintendent, for permitting access to medical records. Professor S. Alstead, Dr. J. Basil Rennie and Dr. A. S. Rogen kindly supplied clinical details of recent cases. Mr. R. Callander prepared the diagrams. I am indebted to Professor Alstead for helpful criticism in the writing of this short paper.

REFERENCES.

Conybeare, J. J. *Textbook of Medicine* (5th edition), 1940; (11th edition), 1954. Edinburgh: Livingstone

Davidson, L. S. P. (1953). *The Principles and Practice of Medicine.* Edinburgh: Livingstone

French's Index of Differential Diagnosis, 1954. Bristol: John Wright

Riches, H. R. C. (1954). *Brit. med. J.* **2**: 286