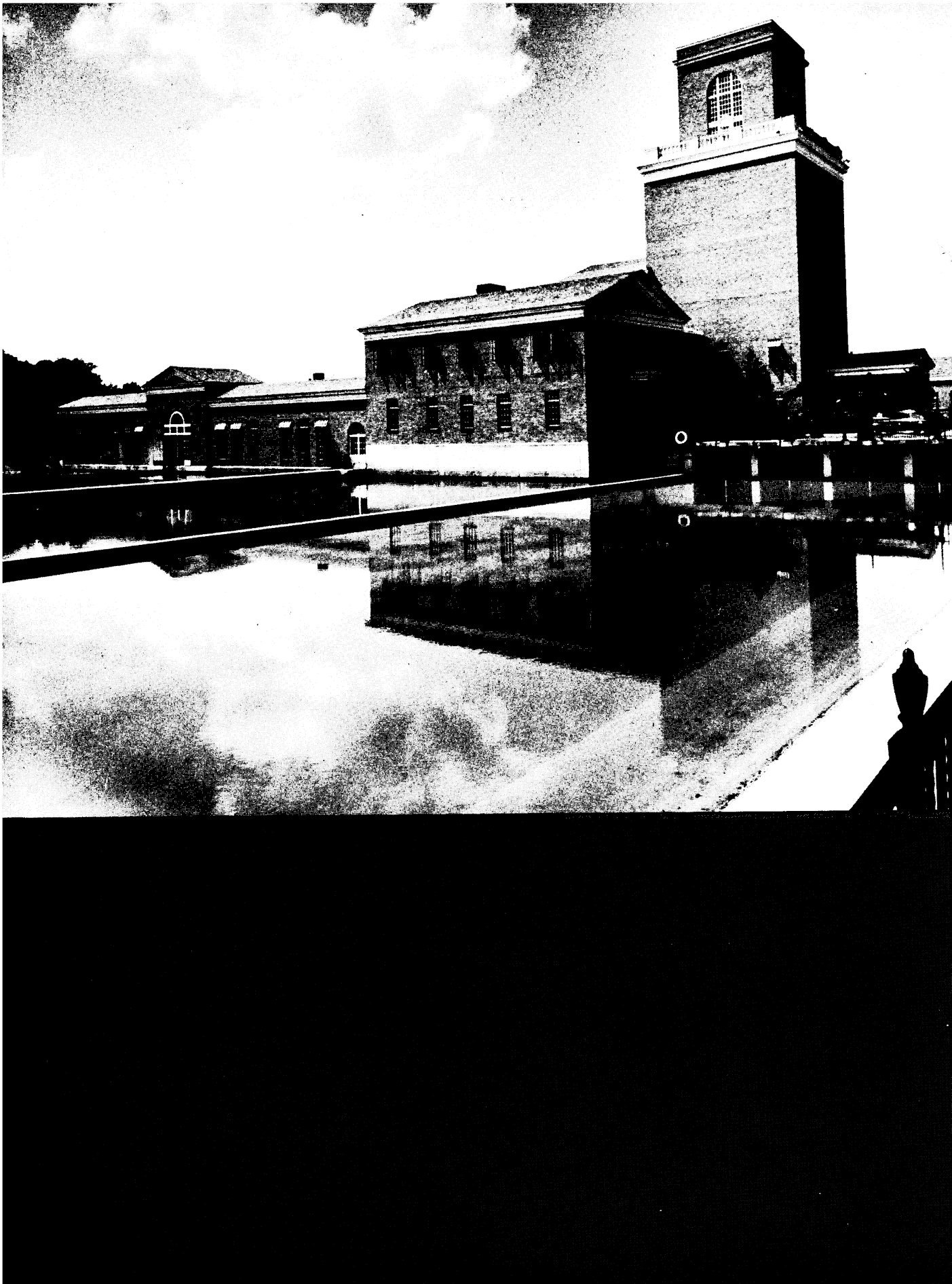

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U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
ARTHUR S. FLEMMING, *Secretary*

PUBLIC HEALTH SERVICE
LEROY E. BURNEY, *Surgeon General*

ECHOES from Public Health Reports

RIBOFLAVIN DEFICIENCY IN MAN (ARIBOFLAVINOSIS)[1]

By W. H. SEBRELL, *Surgeon*, and R. E. BUTLER, *Passed Assistant Surgeon, United States Public Health Service*

Many of the early writers on pellagra (*1*) recognized that certain symptoms of the disease sometimes occurred without the skin lesions, and the term "pellagra sine pellagra" was introduced to designate these symptoms. In 1912 Stannus (*2*), in describing pellagra in Nyasaland, particularly noted lesions in the angles of the mouth which he called "angular stomatitis." Similar lesions with various other symptoms have been described by numerous other observers. In 1928 Jenner Wright (*3*) in Sierra Leone described lesions at the mucocutaneous junction associated with nervous system lesions which were cured by cod liver oil and yeast. Lesions which appear to be similar in many respects have been seen by Fitzgerald (*4*) (1932) in an Assam prison; Moore (*5*) (1934) in school children in Nigeria; Landor and Pallister (*6*) (1935) in the prisons of Singapore and Johore, and Aykroyd and Krishnan (*7*) (1936) in school children in South India.

As early as 1918 Goldberger, Wheeler, and Sydenstricker (*8*) suggested that two different dietary factors may be involved in pellagra, and in 1925 Goldberger and Tanner (*9*), in their experiments with casein, noted that the patients developed a dry, glazed vermilion border of the lips, erosions at the angles of the mouth, reddening of the lips, and seborrhea about the nose. They diagnosed these lesions as pellagra sine pellagra. They also saw in some a pasty, caseous accumulation in the nasolabial folds which cleared up when dried yeast was added to the diet.

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Dr. W. H. Sebrell and Dr. R. E. Butler concluded that a diet low in riboflavin caused a condition known as "pellagra sine pellagra," since the condition disappeared with the administration of synthetic riboflavin. Dr. Sebrell and others later (*Public Health Reports* 56: 510–519, Mar. 14, 1941) specified a daily riboflavin requirement of an adult.