

THE ROLE AND ORGANIZATION OF AN * ALLERGY DEPARTMENT

By

Prof. SCHUPPLI, Basle, Switzerland

The percentage of purely allergic diseases in the dermatological practice is high. Statistical data, collected at the Skin Clinic of Basle, through the last 50 years, show on the one hand an increased frequency of patients in the Out-Patient-Department, going approximately parallel to the increase in population. It is a very interesting fact that the contact dermatitis has increased since 1950 to a much greater extent than the total number of patients, while the cases of atopic dermatitis seem to diminish. The increase in contact dermatitis might coincide with the introduction of the synthetic detergents. The reason for the apparent decrease in atopic dermatitis is completely obscure.

Apart from the eczema cases, which constitute about 20% of all cases, urticaria and drug eruptions make up about 5%. Also into the field of allergy belong the immunological processes manifesting themselves in the various forms of vasculitis and the large field of the "reactions cutaneae", so that the allergic diseases present about 30-40% of the total number of cases in a Skin Clinic. As the introduction of antihistaminics, corticosteroids and various diagnostic measures has enhanced the interest in allergy generally, and as the venereal diseases have considerably decreased, also the dermatologist devotes himself more and more to allergology. An outer sign of this is the great number of dermatologists who participate in Congresses devoted to general problems of Allergy.

This interest, however, is not of recent origin. Already before 1930 well known dermatologists, such as Urbach in Vienna, Bruno Bloch and Miescher in Basle and Zurich, carried out research in the field of allergy, to mention only Bruno Bloch's investigations on the immunising action of trychophyton infections, Urbach's investigations on the therapy of allergic dermatoses with peptids, Miescher's investigations on the genesis of eczema.

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Out of this tradition and on the grounds of practical needs, a special Allergy Department was attached to our Skin Clinic about 12 years ago. As more and more patients were sent to us from other clinics for skin testing and as the investigations on atopic dermatitis showed that from the dermatological standpoint only it cannot be treated successfully, the establishment of such a Department was of pressing importance. Very soon our Allergy Department had to be enlarged and equipped for the testing of all allergic diseases, as well as for the preparation of the extracts for the desensitization of such allergic diseases, suitable for this treatment. The theoretically founded fact that the allergic reaction is not restricted to one organ only—which will be discussed later also made the enlargement of the Allergy Department necessary. That the Department answered a great need, is shown by the increasing number of patients attending the Clinic.

THE ORGANIZATION OF THE ALLERGY DEPARTMENT

As every patient suffering from an allergic disease has to be treated even more individually than the normal dermatological patient, more time must be reserved for the allergological investigation, which means that special consulting hours for allergic patients should be fixed. Furthermore, many patients not suffering from skin disorders, only reluctantly attend a Skin Clinic. For this reason it is also wise to use separate rooms for the Allergy Clinic. On the other hand both dermatological and allergic cases should be treated by the same doctors, that means that the doctors working in the Skin Department should work rotatingly in the Allergy Department. We carry out this system in the following way: A consultant has been appointed as head of the Allergy Department and works there permanently during consultation hours (10–30 a. m.—noon). He is helped by an assistant from the Skin Department, who carries out the tests and desensitizations under his supervision. This assistant changes every few months. A nurse is employed all day, helping with the tests in the morning and preparing the various house dust extracts in the afternoon.

House dust for the preparation of extracts for specific desensitization of asthma due to it is sent to us from doctors all over the country. We make a point of it to use the patient's own house dust, while for the desensitization against hay-fever pollen extracts are bought ready-made, e. g. Bencard Combined Pollen Vaccine (England) or Hollister Stier (America), the pollen having the same action everywhere.

The equipment of the Allergy Department corresponds the usual clinical requirements. In addition, inhalers are useful. Special emergency sets for the treatment of anaphylactic shock should be within easy reach, so as not to lose valuable time in the treatment of shock symptoms. The sets should contain the following drugs:

Hypertensin CIBA, Adrenaline, Cortisone for intravenous injection, Calcium—Sandosten. Oxygen for immediate use should always be ready.

Fortunately, in the 12 years of the existence of our Allergy Department, we have never seen any life threatening shocks, although many thousands of injections for desensitization have been given during this time. Shock symptoms are mainly observed in the treatment of allergies to insects, especially to bee toxin. The desensitization for these allergies has to be carried out most cautiously and with minimal doses.

To the equipment of an Allergy Department belongs furthermore an ample collection of substances which may produce an allergy, in a concentration or solution ready for testing (especially chemical substances). ✓

I would like to discuss very briefly the significance of an Allergy Department for the general practice. As already mentioned, our Department is at the disposal of every clinic and every general practitioner for the testing of their allergic patients. If a specific desensitization is possible, in the case of an allergy to house-dust, our Department prepares the extract and usually gives the first injection to see the patient's reaction. Then the patient is sent back to the general practitioner with the extract and the instructions for the specific desensitization. Any other asthma treatment is not carried out in our Department. In the case of an allergy to pollen, the general practitioner is told which pollen to order for his patient and recommended to start the desensitization, for security's sake, with a dose 10 times smaller than indicated on the directions for use attached to the pollen vaccin. Ten minutes before every injection in any treatment of desensitization, it is advisable to let the patient take an antihistaminic tablet.

I wish to mention here specially the desensitization in atopic dermatitis. As we found out that in atopic dermatitis inhalant allergens play a greater part than generally believed, we try in such cases a desensitization against those substances giving positive scratch tests. This desensitization needs, however, special care, as these patients are much more sensitive to the antigen injections than e. g. patients suffering from asthma. Furthermore, these patients give positive tests to so many substances, that it is often difficult to judge which ones are responsible for a new outbreak of eczema. So if at the beginning of a desensitization the eczema is aggravated, this is usually a sign that the right substance is being used. The desensitization has to be begun with very small doses, e. g. with a solution 1:1,000,000, and the doses should be very slowly increased.

It must be understood that a positive skin test is never an absolute proof for the etiology of a certain disease, but only a hint on its possible origin. The case history and elimination of and exposure to the allergen are always the determining factors.

THE ROLE OF PATCH TESTS IN OCCUPATIONAL DISEASES

Especially in the branch of medicine dealing with occupational diseases, the question of skin tests is often discussed. The National Insurance for Accidents at Work in Switzerland e. g. demands skin tests in possible occupational diseases,