

THE IMPACT OF ALLERGY ON GENERAL MEDICINE¹

By

FRED W. WITTICH, M.D.²
Minneapolis, Minnesota.

*Mr. Vice-chancellor, Members of the Congress,
Distinguished Guests, and Friends:*

Your final program announcing the second European Congress to be held under the auspices of the International Association of Allergology, and kind invitation to have the latter officially represented is a sincere manifestation of your confidence in the future of the International Association.

More so, this is a great honor to the I.A.A., when one appreciates that many of the most outstanding scientists of Europe who have furnished the basic research from which all phenomena of hypersensitiveness and immune mechanism stem, are present to participate.

It is most significant also that a majority of the Executive Committee of the International Association are here to lend its support and sanction. Truly with such recognition the I.A.A. should officially represent all those working for a common goal of promoting education and scientific research in Allergy throughout the world.

It was thought proper at this time that a brief general

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² President, International Association of Allergology.

survey of our present and future problems be presented entitled, "The Impact of Allergy on General Medicine".

An examination of the fifty or more texts concerned with Allergy demonstrates that allergists are involved in treating disorders affecting every body tissue. The twelve national and international journals devoted to Allergy underline the tremendous scope of the subject. The interest of physicians in this field is proven by the membership of more than 2500 physicians in the International Association of Allergology represented by thirty of the known existing national Allergy Societies.

At one time Dr. John Freeman stated that "If the subject of Allergy continues at its present rate of growth, it may well appear that all of the field of Internal Medicine will become a small part of the field of Allergy." However humorously exaggerated this may seem, a review of the subject is a sobering experience.

In broad outline, a bird's eye view of the specialty shows allergists are dealing with some, or all, of the following subjects, each in itself a specialized section of Medicine, namely: anaphylaxis and immunology, the atopic disorders, the contact dermatidites, especially those of occupational origin, the drug allergies (a subject of growing importance), the bacterial sensitivities, the foreign protein reactions, and lastly, the physical allergies.

When we take another look at the subject, from what might be called a worm's eye point of view, namely, that of the tissue involved, we see that none escape allergic manifestations, and that the allergist can truly be said to be concerned with the skin and its contents. If and when allergic states are discovered to be "barrier disorders" at the cellular tissue level, it will also be proved that although not now obvious, every cell in the body shares in allergic disease, although this may only be apparent as a major cause of difficulty in the chief shock organ affected.

When we consider tissues, we sometimes forget psychological states. It is not my job to differentiate between cause

and effect, and in every case be able to say that psychoneuroses cause so-called allergic states, or that allergic states cause psychological disorders. Both probably interact. I do know, however, that the better Allergy I practice, the fewer psychoneuroses I am forced to treat.

If we leave the egocentric point of view, and regard the specialty of Allergy not in terms of what happens in the tissues and shock organs, but rather in the terms of what the causes of such typical allergic reactions may be, we are amazed at the far ranging knowledge required of the practicing allergist. Examination of the literature shows that there is no naturally occurring substance which has not, at one time or another, been taken into the body in the form of food or medication. There are uncountable man-made substances which have been used, and continue to be used, as medications. In addition, the contactants causing allergic disorders, either natural or artificial, have never been listed in their entirety. The literature gives approximately 1500 foods, and almost an equal number of plants and external irritants. There are over 500 drugs known to cause typical allergic responses. To the list of almost 5000 known allergens must be added substances derived from anthropoid and mammalian sources of sera, as well as substances of avian, ichthyic, reptilian, insect, vegetable, bacterial, fungous, smut, rust, rickettsial and viral sources, as causing allergic responses in man. From these we need only choose those of vegetable origin, as foods and pollens; fungi as foods (mushrooms and cheese), as causes of dermatological lesions, as epidermophytosis, and lung infections, as moniliasis, and as spores in respiratory tract allergy, as in *Alternaria* sensitivity, to get a glimpse of the immensity of the specialized knowledge necessary for the adequate practice of Allergy.

When we recall that few allergens demonstrate a single action as in pollens, vaccines and drugs, and that, in addition, few patients respond with only one type of reaction, we begin to realise the type of phenomena with which the allergist is forced to deal.

It is no wonder, then, that the interest in Allergy is increasing rapidly, with Instructional Courses well attended, and the number of registrants increasing from year to year.

Given the fact that in allergic manifestations *protean* in multiplicity exist, and acknowledging the fact that they may be caused by inhalants, ingestants, injectants, contactants, infectants and physical agents, why has the subject of Allergy emerged from the rest of medicine in such recent times? The three reasons are obvious, although not generally accepted with relish.

The human mind, either lay or medical, hesitates or refuses to accept the concept that a particular group of people, otherwise at present indistinguishable from normal individuals, can be affected, harmed, or caused to react in a specific manner, to ordinarily harmless or apparently innocuous substances in their usual environments and exposures. Despite articles in the technical, medical and lay journals, there are today physicians and patients alike who cannot accept the obvious facts, let us say of food sensitivity.

The second hypothesis, equally difficult for physicians and lay people to acknowledge, is the factual observation that in many of these strangely affected allergic individuals, the first, and frequently a number of exposures to these same innocuous and harmless substances cause no overt signs or symptoms. These patients always say, "I have been eating this food, or taking this medicine, or handling this object, or breathing this pollen, for years, with no harmful effect. Why does it bother me now?" We cannot as yet answer this question, but we can prove our diagnosis to be true.

The third concept is the most difficult of all to comprehend. Given the hypotheses that specific responses, described for the sake of simplicity as mucous membrane edema or smooth muscle spasm, regularly occur following exposure of allergic patients to the causative allergens, why is it that in such patients non-protein and physical agents on the one hand, and emotional or mental states on the other, can equally often induce similar types of reactions, as, for

instance, fear and hyperventilation causing bronchospasm? The fact that we do not know the answer does not invalidate our observation that these interactions of factors occur.

We can now begin to review the impact of Allergy on medicine. We are the physicians who have taken up the frequently thankless task of proving that one man's meat is another man's poison. We are the physicians who must tell our patients that they differ from all other people in being peculiarly affected by substances which cause no difficulties in normal individuals. We, again, are in the unfortunate position of reminding our medical colleagues that the substances they use remedially as drugs and vaccines, may be harming rather than helping their patients. When the internist says, "Take this and you will feel better," we say, "Stop taking this, or you will never get well."

Our anomalous position is not helped by the fact that we deal, not with a single organ, as does the dermatologist, proctologist or ophthalmologist, or with a group of organs, as does the otolaryngologist. We do not deal with a machine, as does the roentgenologist, nor with a technique, as does the anaesthetist. Rather, we deal with certain aspects of ophthalmology, otolaryngology, dermatology, serology, neurology and bacteriology, because our specialty rises from the general tissue level to affect the skin, blood, joints, nerves, all mucosae and all smooth muscle organs, as in the respiratory and gastrointestinal systems, as well as in the psyche itself.

Physicians not familiar with the hypersensitivity disorders dispense medicines, inject sera or foreign proteins which are not only highly antigenic and may cause delayed and distant effects, but which may also produce severe immediate reactions, occasionally resulting in death. It is our work to help them recognize the tremendous forces let loose by such procedures, helping them diagnose and treat disorders caused by such allergens.

What must we do to remedy the situational phenomena involved?

The impact of allergy on internal medicine can only be solid if we emphasize two aspects of our subject, namely, Research and Education.

Since so much of what we believe is hard to accept, we must advance our concepts, especially those which broaden our field, with undeniable and concrete scientific proof. The statistical approach, the reproducible result (as far as the patient is concerned), the chemical and physiological or immunological proof, as seen in the laboratory in animal studies, will all help to serve this purpose. Hypotheses should be clearly defined as such, and published only as suggestive leads for further research. We have grown to the point when it is no longer necessary to rush into print with the discovery of a new allergen, or a description of an old syndrome, now proven to be as well allergenically produced. On the contrary, like Caesar's wife, our published material must be beyond reproach, as scientific as the framework of our subjects permit. We must, on the one hand, avoid being skin-scratchers, ignorant of the value of diagnostic procedures necessary to make the proper diagnosis of allergy, nor, on the other hand, must we pedantically restrict ourselves to the lofty and rarefied investigative procedures of rare syndromes, occasionally mediated by immune mechanisms.

Secondly, our impact on medicine must be strengthened by education of physicians and the public alike. The best proof of the solidity of the framework of allergy lies in the proof it gives physicians and laymen that the successful results achieved could not have been obtained by any other means. The physician who is himself allergic, and who does not become an allergist, requires no proof of our knowledge and skill. Our non-allergic colleagues do.

The establishment of Clinics, although these may have to fight for their lives, if only because they draw patients away from every other Clinic in the hospital, is a most important step in the promotion of a solid foundation for Allergy. As our colleagues in other departments of medicine see our results, they "who come to scoff remain to pray."

Such education must not only be directed towards physicians and patients, but to ourselves as well. Our diagnostic acumen as allergists can only be as good as it is in our medicine. We are not to say an affected joint is allergic until we have proven, by our knowledge of joint diseases, that it cannot be anything else. If we think of allergy first, but rule out all other causes and treat for allergy last, we will make no mistakes in either diagnosis or treatment.

The hard way is the best way, and in reality it is the only way to prove the right of allergy, not to the place it now holds, but to its proper place as one of the cornerstones of much of Internal Medicine. Given this, the problems of recognition and certification will fall into their proper places.

To the members of this Congress, I sincerely thank you for this privilege of indicating that Allergy is unique since it applies to all of the other medical specialties and requires the combined efforts of physicians and scientists for the purpose of promoting and advancing the study, laboratory and clinical knowledge of allergy; to advance and maintain the highest possible standards of those engaged in applying allergy to their practice; and to maintain the dignity of this specialty in its relation to public welfare.

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