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ALLERGOLOGY AS A MEDICAL SPECIALITY OR SUBSPECIALITY

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At a meeting of the officers of the Scandinavian Society for Allergy Research (an association of the Swedish, Norwegian, Finnish and Danish Societies) it was discussed whether it be preferable to have allergology as a medical speciality in itself or as a subspeciality. After some discussion it was agreed upon that the board should suggest to the members of the Scandinavian societies to make allergology a subspeciality under internal medicine and paediatrics and to postpone the question of allergology as a subspeciality under dermatology and otolaryngology until this first step had been taken.

On this occasion I was asked to give the members of the fifth general assembly of the Scandinavian allergologists a brief comment on the situation in other countries.

This information was obtained by sending questionnaires to the secretaries of 29 allergy societies in 26 countries, and answers were received from 12 countries in Europe, 2 in North America, 4 in Latin America, 2 in Asia and 1 in Australia. The answers showed that 11 countries recognized allergology as a medical speciality while 10 did not (see table 1).

On further inquiry it appeared that in 3 countries which had not recognized allergology as a medical speciality they had just the same a number of allergy specialists, according to the 3 secretaries. (Since the first answers were received the situation may have changed since it took about two years to collect the answers).

In 8 countries there were allergy specialists as such, while in 3 countries at least it is a subspeciality so that specialists in internal medicine

TABLE 1
Is allergology a medical speciality?

	Yes	No	In all
Europe	4	8	12
North America	2	0	2
Latin America	3	1	4
Asia	1	1	2
Australia	1	0	1
Total	11	10	21

may become allergy specialists; in 2 countries this possibility is open for paediatricians too and in one country also for dermatologists.

These 3 countries and 3 others require the fulfilment of specified conditions while the last 5 have no special requirements, but perhaps some control by the local allergy society. The difference in qualifications needed for becoming a specialist will appear from two quotations:

1. "To have taken a regular course from our national allergy society or to have connection with a well-known allergy service".
2. "At least 5 years postgraduate work in allergy".

It was impossible to find the number of official specialists as the secretaries had too little information about it themselves and because some are full-time and some only part-time allergologists, but the number is considerably higher in America and Australia than elsewhere, and Israël and Portugal have more allergy specialists also, compared with European countries. The number of allergy departments and out-patient clinics will appear from table 2, and from this it is apparent that Europe is far behind America and Australia.

TABLE 2
Number of allergy departments and out-patient clinics.

	Allergy depart- ments	Out-patient clinics	Both	Coun- tries
Europe (12 countries)	21	62	19	9
North America (2 countries)	>60	>60	>60	2
Latin America (2 countries)	13	13	12	3
Asia (2 countries)	0	2	0	1
Australia	10	12	10	1

It is thus evident that points of view must vary greatly from country to country. The main objections to having allergology as a medical speciality seem to me to be two:

1. It is hardly possible for one man to follow all the medical advances within internal medicine, paediatrics, dermatology, rhinology, haematology, neurology and so forth; but by making allergology a subspeciality of internal medicine, paediatrics, dermatology and rhinology, this difficulty may be overcome, and these four categories cover the field.

2. It must be better for the physician to see non-allergic as well as allergic patients in order to avoid diagnosing allergy where there is no such condition. Here, too, allergology as a subspeciality will be desirable.

In favour of specialising is the development and progress, both scientifically and practically, which allergology has gone through during the last 50 years. More and more symptoms and reactions are found to be of allergic or potentially allergic nature, but many physicians forget this aetiology and if the diagnostic measures are employed by untrained colleagues they may fail even more often than when employed by the specialist and thus be discredited to the disadvantage of the patients. If a practitioner knows where to send the potentially allergic patient, the specialist may be able to find the cause of the illness and eliminate it or desensitize against it.

Thus it seems to me that it will be of advantage to everybody to have allergology as a subspeciality and that it will be advisable to work for the creation of more allergy clinics and for the acquisition of special teachers in allergology.

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