

building will also be displayed on the exhibition tables. Those invited by Dr Riddsel-Smith to complete his questionnaire and supply photographs are asked to give him their fullest co-operation to ensure the success of this venture.

We hope to produce a standard publication on developing projects based on collective information on various organizational features which can be kept up to date section by section.

E. V. KUENSSBERG.

FACULTY REPORT

SYMPOSIUM ON 'ALLERGY'

On Sunday, 7 December 1969, a symposium on 'Allergy' was held in Cardiff, at the Department of Anatomy, University College, by the South-east Wales Faculty. There was an audience of over one hundred.

The meeting was opened by Dr J. N. M. PARRY, provost of the faculty who welcomed the audience and speakers, and introduced the chairman. Dr D. A. WILLIAMS then started the meeting by introducing the speakers in order of appearance. In addition to welcoming them, he gave an apt thumbnail sketch of each one.

The first paper was by Dr B. H. BASS, consultant physician and consultant in clinical respiratory physiology at Dudley Road Hospital, Birmingham, on *Lung function studies*. He gave a clear and concise review of the basic physiological principles and then went on to describe the tests used in the study of lung function. He gave the normal values expected from each test, and showed how these were altered by various respiratory malfunctions, with special reference to asthma and farmers' lung, as two differing types of allergic lung disease.

Dr J. D. WILLIAMS, consultant pathologist at Dudley Road Hospital, Birmingham, the second speaker, took as his subject *The rôle of house mites*. After introducing his star, *Dermatophagooides pterygissinus*, Dr Williams gave a resumé of the experimental work that had incriminated mites in the propagation of allergic asthma. The immunological response was of the reaginic antibody type, akin to pollen asthma and hay fever. The eight-legged animals were found in large numbers in house dust, especially from mattresses; they lived on dermal sheddings, but were not found in hospital dust, nor above 2,000 feet. In a high percentage of asthmatic children skin testing to mite antibodies was positive, and removing the child from its infested home dramatically reduced the incidence of asthma attacks. Dr Williams' paper reviewed the work being done on this problem.

He was followed by Mr. K. G. MALCOLMSON, consultant ear, nose and throat surgeon, United Bristol Hospitals. His paper *Hay fever* was concerned with allergic rhinitis. Mr Malcomson contended that the nasal obstruction was almost entirely due to congestion of the mucosa over the anterior part of the inferior turbinate. After a skilful exposition of the anatomy and autonomic nerve pathways, he described neurophysiological experiments and clinical material in support of his hypothesis. The surgical treatment consisted in cautery of the inferior turbinate; in more persistent cases crushing or section of the Vidian nerve may be required. In atrophic rhinitis, cervical sympathectomy was resorted to. A sophisticated series of experiments was described, showing how selective interference with the sympathetic or parasympathetic pathways, altered the response of the nasal mucous membrane to decongestants and anti-allergy drugs.

Dr A. HOLZEL, reader in child health, University of Manchester, who took as his subject *Respiratory allergies in childhood*, said that paediatrics was essentially general medicine, but

with an upper age limit. He first mentioned neonatal laryngeal stridor which, in a number of cases, could be shown to be due to an 'allergy' to cows' milk. He then discussed infantile recurrent bronchitis. This, Dr Holzel contended was frequently an allergic manifestation, especially in the child with nasal obstruction followed by a wheezy chest. Mothers seemed to be more alarmed by the cough, which was not of itself serious, than by the wheezing. The finding of coarse râles was usually due to bubbling secretions in the nasopharynx, and when these were removed the chest was found to be clear. Although many of these children were febrile, it was wrong to treat them in the first instance with antibiotics, as many cleared spontaneously with simple antipyretics. These children really had asthma, and if this went unrecognized, the recurrent 'bronchitis' was repeatedly treated with antibiotics, which was useless. He also discussed the frankly asthmatic child and its treatment. One of the diagnostic features often not properly observed, was prominence of the costochondral junctions and flattening of the upper chest. Very many of the children sent to his clinic as recurrent bronchitics were clearly recognizable as having asthma, by observation of this sign alone. He mentioned treatment with corticosteroids, but did not dwell on the point as it was to be dealt with by a later speaker. He drew attention to the successful treatment of the perennial type of asthma with disodium cromoglycate, and the good results of hyposensitization with grass-pollen vaccine, in children with pollen asthma. A number of pertinent questions were asked in discussion, and ably answered by the panel of speakers. One of the points raised was the use of Intal, and it was remarked that children of five years could be taught to use this.

The first speaker of the afternoon session was Dr S. C. TRUELOVE of the Nuffield Department of Clinical Medicine, University of Oxford. In his introduction he said that although he was to speak on *Food allergy*, he intended dealing mainly with ulcerative colitis and coeliac disease. The aetiology of ulcerative colitis was really not known. That it was one of the group of 'autoimmune' diseases was unproved. It was a condition that could be due to allergy; it had been found that a milk-free diet reduced the incidence of attacks, and that cows' milk might be the allergen in one in five cases. Immunological studies were not helpful and the allergic state may develop later in life. He then passed on to discuss coeliac disease of children which in adults was manifested as idiopathic steatorrhoea. The jejunum was where most of the absorption of foodstuff took place, though vitamin B12 was absorbed in the ileum. Starting with the surface area of a simple cylinder, the convolutions, villi and microvilli of the small bowel were such as to increase the absorptive area some twenty million times, resulting in an absorptive area the size of a tennis court. In coeliac disease and steatorrhoea the surface of the mucosa lost its villi, and presented a flat area with deepened crypts, drastically reducing the absorptive surface. The disease was induced by gluten, and Dr Truelove showed which fraction of wheat flour contained the harmful factor. The disease was possibly a gluten allergy. When the condition was successfully treated with a gluten-free diet the villi could be shown to have re-grown, while re-introduction of gluten could be shown to result in rapid atrophy of the villi.

Dr GEOFFREY HODGSON, consultant dermatologist, United Cardiff Hospitals, presented a paper *Allergy of the skin*. He described that allergic reactions fitted into three main types; humoral reactions associated with circulating antibodies, cell-mediated allergic reactions and reactions and inflammations associated with antigen antibody complexes.

He discussed acute and chronic urticaria and the management of these conditions as humoral reactions. Physical factors were often important in chronic urticarias. He noted that in atopic eczema with inherited IgE reagent and raised IgC gamma globulins these did not seem to affect the course of the disorder. In contact allergic dermatitis as a cell-mediated reaction, only a few common allergens were usually responsible. These were mainly topical medicaments described by the doctor, rubber and a few general or industrial chemicals like chromate and dyes being responsible for most reactions.

Insect bites showed a delayed form of allergy as did auto-immune diseases as lupus erythematosus, pemphigoid and Behçet's syndrome, and alopecia areata and leucoderma, with auto-antibodies directed against special tissues. The Arthus phenomenon as a complex mediated reaction was illustrated by erythema multiforme with phagocytes removing the complexes from the blood vessels and so being responsible for the inflammatory reaction. In photo-dermatitis lysosome activity also seemed to play a part.

The final speaker, Dr MONICA McALLEN, consultant physician, University College Hospital, London, took as her subject *Steroids in asthma*. Her paper was based on a 15-year prospective

survey of 250 adult asthmatics. She reiterated Dr Holzel's plea that the child with recurrent wheezy bronchitis was really asthmatic. Corticosteroids (she preferentially used prednisone) were invaluable in the treatment of severe asthmatics. In her view there were three occasions in which immediate treatment with corticosteroids was mandatory; status asthmaticus, when there was danger of death because of recurrent attacks and in severe chronic asthma. In status, there was no response to bronchodilators and oxygen deficiency was present. There was a real danger of death. The treatment was intravenous hydrocortisone 100mg, repeated hourly until clinical improvement occurred. If the patient was already on steroids, then the initial dose should be 500mg. In her experience there was more harm in underdosing than overdosing. Many patients showed clinical improvement; felt better and seemed better, long before physiological normality was restored. It was her experience that serious side-effects were uncommon on long-term low-dosage treatment. She found in her cases that side-effects came in three groups. In the first group peptic ulcer and bleeding were the most dramatic and seemed to appear at any time during treatment; in one case it had appeared after 15 years. Also in this group were loss of height, collapsed vertebra and osteoporosis, tuberculosis, diabetes, ocular and mental disorders and benign hypertension. In the second group were those with the more familiar complications of water retention, low plasma potassium, obesity, and the Cushingoid appearance. The third complication was death. In her series of 250, 33 (2 per cent) had died in the 15 years, and of these, 15 were due to status asthmaticus.

There followed a panel discussion with questions from the floor. This was much livelier than in the morning, and a large number of questions and answers was forthcoming. One question involving the use of Intal was ably answered 'off the cuff' by Dr Davies, who had worked in the Asthma Research Unit at Cardiff.

The chairman gave a succinct summing up of the meeting, and thanked the speakers, sponsors and organizers. Dr Parry proposed a vote of thanks.

Acknowledgements

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H. CAIRNS

Book reviews

The teachings of don Juan: A Yaqui way of knowledge. CARLOS CASTANEDA. Harmondsworth, Middlesex. Penguin Books. 1970. Pp. 252. Price 5s. Od. (25p).

Carlos Castaneda, a student of ethnology at the University of California, travelled into the south west of the United States to gain information on the medical plants used by the Indians in that area. On one of his trips he was introduced to don Juan as a man wise in the use of plants particularly peyote (*Lophophora williamsii*), a hallucigenic drug. He learnt apparently nothing of the medical uses of this or any other drug. Under the tutorlage of don Juan, Carlos was slowly, over five years of intermittent study, initiated into the rites of the Yaqui sorcery. He took daily notes of his experiences and as

soon as possible enlarged these into coherent statements. Don Juan was an educated Indian who spoke Spanish well, but the law of the tribe was deeply embedded in his mind. The value of this book is in its description of the mental attitude of the sorcerer, which was that of all primitive people. All objects, plants and minerals, were imbued with life, with personality and the power to good or harm.

In the process of his initiation, Carlos was obliged to undergo ritual ingestion of peyote, datura and a mushroom vaguely identified as *Psilocybe mexicana*. It is evident, though not stated, that don Juan sometimes induced hypnosis in his subject. What Carlos in a rare understatement calls the 'state of non-ordinary reality', was induced in a ritual manner with all these