

# THE INVESTIGATION AND PROLONGED CARE OF THE ALLERGIC PATIENT

J. WARRICK THOMAS, M. D.

It is only by a careful and detailed study of the patient with allergy that a satisfactory solution of his problem may be reached and an effective program outlined for his future comfort. The chief complaint often gives the first indication that a patient has allergy, but this single factor should not in any way influence the detail with which a history is elicited.

## HISTORY

Regardless of the chief complaint, all previous illnesses should be reviewed briefly according to the systems involved and careful inquiry should be made regarding anything that might have a bearing on the present complaint.

This review of the systems begins with the eye, ear, nose, and throat, an endeavor being made to elicit any previous involvement whether of infectious, traumatic, or congenital origin. Any and all operations on the nose or throat with their definite dates, the reason for operation, and the result should be listed. The review of the respiratory system will frequently overlap that of the ear, nose, and throat, but this is an advantage as certain facts may be emphasized that otherwise might be overlooked. Careful questioning may reveal details that have a bearing on the patient's allergy such as frequent infections of the upper respiratory tract in childhood, bronchitis associated with wheezing or unusual or abnormal respiration. The cardiovascular system is important from the standpoint of cardiac asthma in contrast to bronchial asthma. The dizziness or pounding in the head of the hypertensive individual must be contrasted with symptoms of migraine; attacks of anginal pain associated with other cardiac manifestations must be differentiated from precordial pain. Attacks of urticaria and gastro-intestinal discomfort must be carefully evaluated in regard to their etiology.

The history prior to the time of the present illness may reveal recurrent attacks of abdominal cramps, diarrhea, or vomiting that may be attributed to some food or be of unknown cause. Conditions such as peptic ulcer, gallbladder disease, various types of colitis or amebiasis must be differentiated from those of gastro-intestinal allergy. The occurrence of various rashes on the skin may be related to the diet or contact. Pain in the region of the bladder or difficult or painful urination as well as kidney colic may be referable to allergy. Certain joints at times may have caused discomfort, characterized by hydrarthrosis, pain, etc. Any attacks of angioneurotic edema involving the arms, wrists, or feet, as well as the face, should be noted in the history. Any operative pro-

cedures that may have a bearing on the case should be discussed thoroughly.

In both the male and female it is well to consider the marital history, especially the health of the husband or wife, as the case may be. It is important to know whether the patient was one of twins. Miscarriages and the health of the children living as well as the cause of death of any others is important.

In children, especially, an accurate history of infectious exanthemata, whooping cough, measles, vaccinations and inoculations, injection of serums, mastoiditis, otitis media, and vaginal discharge should be elicited.

Careful attention should be given to the chief complaint. The time of onset of the first symptoms as well as the duration of the attacks are important. The recurrence of attacks, whether seasonal or perennial, and the influence of climate must be considered, as the presence of these factors may have a definite bearing in certain cases.

Environmental contacts are also important. There should be an accurate description of the construction of the house in which the patient lives, when it was built, when the patient first moved into it, and the length of time he has lived there. A knowledge of the neighborhood may be of importance. He should be asked whether there are other cases such as his in the locality and what trees, plants, flowers, fields, weeds, insects, factories, smoke, and odors prevail in his environment. The heating system of the house is of the utmost importance as certain types may precipitate or aggravate many of the manifestations of allergy. The presence of dust and methods of cleaning may explain the recurrences or the precipitation of an attack, as well as its aggravation. Certain rooms or pieces of furniture may be suspected as causing trouble. The presence of dampness in certain parts of the house should have due consideration if they have a bearing on the case. Pets and even rats or mice have all been found to precipitate trouble. Flowers in the home have repeatedly made some patients miserable. The patient's bedroom is especially important; inquiry should be made regarding the occurrence of attacks there, in other parts of the house, or away from home. Other questions regarding his environment are: Does he sleep alone or room alone? Have pillows or mattresses been covered, and what kind of floor or wall covering does the room have? Are there curtains in the room? Are pets frequently in the bedroom or are plants and flowers present?

Careful consideration should be given to the patient's occupation—contacts, ventilation, dust, flowers, business relations, etc.; any one of these factors may be of the utmost importance.

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The effect of temperature, whether indoors or outdoors, as related to the symptoms is of significance. Inquiry should be made regarding bathing habits, including the time and temperature of the bath and the kind of soap used. Nervous factors and contact with other persons are also of importance.

### PHYSICAL EXAMINATION

The physical examination of the allergic individual requires a more detailed investigation than the routine physical examination. The following points should be stressed:

Under the "status praesens," the following should be noted:

Apparent age	Robust
Hypersthenic	Anemic
Sthenic	Frame
Normal	Musculature
Hyposthenic	Temperature
Asthenic	Height
Obese	Weight
Thin	Normal weight of individual
Emaciated	

Examination of the skin should include observation of:

Scalp: seborrhea  
Hair: color, texture, amount  
Beard: body hair  
Nails and skin  
Color, temperature, and moisture of axilla, palms and soles  
Elasticity of skin and eruptions in addition to scaling, pigmentation, scars, vaccination scars, ulcers, and tumors.

In the ophthalmologic examination, the state of the following should be noted:

Lids, sclerae, conjunctivas, corneas, irises, and lacrimation.

In the examination of the respiratory system, one should note any nasal obstruction, septal defects, abnormality of the turbinates, amount of anterior or posterior nasal discharge, and tenderness over the sinuses.

The size and appearance of the tonsillar pillars should be recorded.

In the examination of the thorax, its contour and the type of respirations should be studied as well as other physical findings in the lung.

The more important points in the enterologic examination to be stressed are:

Herpes

Ulceration and fissures of the lips

Ulceration, exudation, and pigmentation of the mouth as well as the odor of the breath

Ulceration, fissures or areas of pruritus around the anus.

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The genitalia should be examined to determine the presence of edema or pruritus.

### TESTS FOR ALLERGY

When the history and physical examination have been completed, the allergic investigation should be instituted. Routine laboratory examinations should always be carried out as well as any special tests that may appear desirable such as gallbladder drainage, various cultures, roentgen studies of the sinuses, chest, or gastro-intestinal tract.

The following tests for allergy are to be considered:

Cutaneous: inhalants and ingestants; endermal inhalants; endermal ingestants; seafoods (cutaneous and endermal); trees, weeds, and grasses; oidiomycin and trichophytin; stock molds and yeast.

Intracutaneous bacteria

Mantoux

Patch tests with clothes, soaps, orris root, ursal, pyrethrum, feathers, and other materials.

Passive transfer tests

Autogenous dust

Autogenous molds

Ophthalmoscopic studies

Nasal smears

Examination of the sputum, differential count and bacterial identification; cultures of sputum for bacteria and molds, etc.

Autogenous rhinopathogen and enteropathogen vaccines

Pure culture vaccines

Leukopenic indices

Special studies or tests

Consultations with other departments or specialties is of the utmost importance in some cases.

When all the investigations have been completed, the data are correlated and the program of treatment outlined. Many factors govern the regimen that is to be instituted. In cases of simple seasonal hay fever, the therapy to be used is influenced by the time of year the patient is first seen, i.e., just before the season, during the season, or after the season. Some patients are placed on a preseasonal regimen only, others are given perennial therapy, while still others receive coseasonal treatment if they are seen first during the pollen season. When success has not followed desensitization of the patient by the preseasonal or perennial method, a combination of these with the coseasonal program of treatment is used.

In cases of perennial rhinitis and asthma due to the common inhalants, the therapy consists of the avoidance of the allergens causing the trouble as well as desensitization. When there are multiple etiological factors

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to be considered such as foods, common inhalants, and pollens, the relative importance of each must be evaluated carefully and suitable therapy outlined.

Patients who have atopic dermatitis alone are usually placed on diets eliminating the foods known to cause their trouble as well as foods that have given positive reactions by the skin tests or leukopenic tests. Some of these individuals fail to improve on such a program and then it becomes necessary to consider the keeping of a food diary by which a correlation may be made between the symptoms and the foods eaten. Elimination diets are found to be of value in some cases. When additional manifestations of allergy are present, these must be treated in conjunction with the atopic dermatitis before improvement is noted.

For patients with migraine, a regimen is prescribed for the elimination of foods that are known or suspected of causing trouble. In this group of individuals the food diary has proved valuable by showing that additional foods should be eliminated from the diet. In certain cases of migraine, it is necessary to treat other allergic manifestations before definite improvement occurs.

In the group of individuals who have gastro-intestinal allergy, it is well at the beginning of treatment to eliminate not only the foods known or suspected to cause trouble but, in addition, to remove any laxatives or cathartics whose contents are unknown. Some of these contain phenolphthalein or other ingredients that may produce definite symptoms, as evidenced by improvement following their removal. The food diary here again has been found to be an important adjuvant in detecting foods that would not be suspected otherwise. The food diary may falsely incriminate certain foods, but this is overcome by eliminating the entire group of suspected foods for a period of time. One at a time, the foods are restored to the diet, that food being ingested one or more times each day for a period of five days. If no symptoms occur at the end of this period, the food may be retained in the diet permanently. If the food is found to cause definite symptoms, it should be eliminated from the diet indefinitely.

In outlining the program of individuals sensitive to the common inhalants such as dust, feathers, orris root, pyrethrum, tobacco, smoke, silk, kapok, etc., careful instructions should be given regarding their avoidance and elimination. In the case of orris root, cosmetics that are hypo-allergic should be recommended and the patient should be familiarized with different preparations that are frequently found to contain orris root. Written instructions for the avoidance of dust and the preparation of a dust-free room should be given to patients.

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In most of the cases referred to the Allergy Department of the Clinic the referring doctor is sent a complete report of the investigation undertaken. This report consists of a brief history dealing with the allergic manifestations that were found; the physical examination is reported in regard to the findings having a bearing on the allergy; laboratory studies are briefly outlined and any abnormal findings are elaborated upon; the results of the allergy tests that give positive reactions are outlined, and appropriate therapy is suggested. In addition, copies of the skin tests are inclosed. Not only is the immediate program outlined but consideration is given to any therapy that may be incorporated later.

### SUMMARY AND CONCLUSIONS

This paper has been presented to emphasize the importance of a detailed study of each allergic patient in regard to history, physical examination, and the outlining of the program of investigation. The data obtained from such an investigation are correlated with the other findings and an appropriate program of treatment is outlined. The referring doctor is sent a complete report with copies of the various tests, together with instructions for the care and treatment of the patient. Patients are requested to report their condition directly or through their physician for a period of at least one year, that is, through the four seasons, in order that the program of treatment may be modified from time to time as necessary.