

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF HAY FEVER, ITS CAUSES AND TREATMENT?

We have pleasure in awarding the prize this week to Miss Dorothy Jean, University College Hospital, Gower Street, W.C.

PRIZE PAPER.

Cause.—Hay-fever is an affection of the upper air-passages, often associated with asthmatic attacks, due to irritation of the mucous membrane by the ripe pollen of certain grasses and plants, which is carried about in the air, especially during the months of May, June and July.

There are two forms—the “June cold” or “rose cold,” which comes on in the spring, and the autumnal form, which in the United States comes on in August and September, but never persists after a severe frost. It is more common in Great Britain and America than on the Continent.

The disposition of the disease is hereditary, and women are more subject to it than men; the tendency lessens as age advances. It has been discovered that the pollen of rye is the most active cause, and has the greatest effect on the hyper-sensitive mucous membrane.

Symptoms.—These are, in a majority of cases, very like those of ordinary coryza; there may, however, be much more headache and distress, and some patients become very low-spirited. The symptoms include:—

- (1) Coryza or continual running of the eyes and nose,
- (2) Attacks of continual sneezing,
- (3) Frequent headaches,
- (4) Cough, a common symptom, and may be very distressing,
- (5) Paroxysms of asthma may occur,
- (6) General depression and lack of energy,
- (7) A great deal of irritation of eyes and nose,
- (8) Inflammation of the conjunctive membrane, causing the eyes to be bloodshot.

Treatment.

(1) Inoculation some few times before the hay-fever period occurs each year, and repeated every four or five days, is sometimes beneficial, and with some cases almost effects a cure.

(2) Nose sprays of menthol, formalin, eucalyptus, sometimes gives relief.

(3) Cauterisation of the mucous membrane of the nose, or sometimes removal of the turbinal bones.

(4) Application of adrenalin and cocaine.

(5) Remedies to improve the stability of the nervous system, such as arsenic, phosphorus and strychnia.

(6) Change of climate—the disease is aggravated by residence in agricultural districts. The dry mountain air is best, or sometimes the seaside.

(7) Application to the eye every morning, a few minutes before rising, of a few drops of Dunbar's antitoxin will in many cases prevent attacks.

(8) Coll. alk. for sniffing up the nose.

Persons suffering from hay-fever should avoid over-tiring themselves, take as much rest as possible, eat nourishing food, as the body needs strengthening, and keep the bowels well moved, taking aperients whenever necessary. Care should be taken also not to throw off too much clothing, even if the weather is very warm, as chills, in that condition, are liable to be easily taken. Hay-fever is never a fatal disease, or never in any way dangerous, but, during the period it lasts, most unpleasant and irritating.

The inoculation treatment appears to give as much relief as any, and the serum which is injected is prepared from the pollen of flowers.

The condition can only be relieved, as no known treatment at present can absolutely produce immunity from the disease.

Dust and sun have a very bad effect on some people, and will bring on a bad attack, with the usual symptoms of coughing and sneezing, and great irritation and general discomfort.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss W. Appleton, Miss F. Sheppard, Miss M. Baines, Miss J. Evans, Miss P. Thompson.

Miss F. Sheppard writes:—“If the eyes are affected, weak boracic lotion applied from a glass eye bath for the purpose is of value. The constitutional treatment consists in a liberal diet, as it is a very exhausting complaint from the constant sneezing and irritation. Attention to the bowels and skin, with a nervine tonic. If circumstances permit, a change of residence to the seaside, or preferably a sea voyage, where the prevailing winds are from the sea, not the land.”

QUESTION FOR NEXT WEEK.

Name all the diseases you know which may be disseminated by insect carriers, mentioning in each case the insect which is responsible, and stating how the infection is introduced into the human body.

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