cides in their homes. Pyrethrum, which is contained in most insecticides, is a very potent cause of trouble.

The list of the substances causing trouble is very long, but investigation frequently brings them to light. Removal where possible is always indicated. But some patients are very sensitive to substances whose removal is not practical, as, for example, house dust or orris root. Where casual contacts with these inhalants cause trouble, injections must be used to raise the patient's tolerance.

The nurse should suggest the removal of dust-gathering objects from the patient's rooms. She may also give advice regarding methods of sweeping and cleaning which will avoid unnecessary raising of dust. Certain foods are frequently important causes of difficulty, especially in children, and the nurse can be of great help in explaining the importance of adhering closely to the dietary regulations prescribed by the physician.

The principle underlying the treatment by injections is the same in both asthma and hay fever. After the cause of the asthma or hay fever has been determined by the physician, injections are administered to the patient. The solutions for the injections are very weak at first and their strength is gradually increased so that the patient's immunity is gradually developed. It is imperative to remember that no injections should ever be given unless there is a supply of adrenalin on hand. This rule must be strictly obeyed because overdosage can precipitate a generalised reaction consisting of itching, redness, sneezing, or asthma. These reactions can be severe and unpleasant, and cannot be controlled without adrenalin; fortunately their incidence is rare, but the fact that they can occur must be borne in mind.

The usual procedure in treatment is to give the injections weekly for several months and then a decision as to their continuance and the interval between treatments is made, depending on the physician's judgment.

In the prognosis of asthma the patients must be divided into the groups that have complicating respiratory infections and those that have not. The prognosis in the group without complicating infection is good and the results often are extremely satisfactory and even brilliant. Where the cause of the patient's asthma is infection, the results vary, depending chiefly on the possibility of treating the infection—whether it be in the sinuses or in the lung. The success of the treatment of a patient having a removable focus of infection depends on the extent of the infection and the skill of the surgeon. In addition to surgery, vaccines prepared from the cultures taken from infected areas are also given.

Results in Hay Fever Treatments.

The hay fever patient is, in about 40 per cent. of the cases, a potential candidate for asthma if he remains untreated. Hay fever therefore should not be allowed to go untreated. The treatments should be started several months before the hay fever season and continued regularly during the season so that the patient may be exposed to the pollen, with freedom from symptoms. Results in the hay fever patients are satisfactory in at least 80 per cent. of the cases, and are therefore very worth while. It has been the experience of most allergists that the best results in the treatment of hay fever are obtained when the injections are continued throughout the year at about three-week intervals. In this way the patient's dosage is maintained, and it is easier to raise it to a higher level the following year if necessary.

The last condition to be discussed is infantile eczema. To the physician and to the nurse these children present a problem of great therapeutic difficulty. The treatment other than the diet outlined by the physician will depend for its success on the care with which it is administered.

In the first place, the mother and family must be reassured and filled with confidence. They must be told that the baby will almost certainly get well. This is true, since only a very small number of the infantile eczemas continue and develop into the adult form. They must be assured that no marks will remain as a result of the eruption; that, like all allergic conditions, it is not contagious; and that the child will grow up and thrive in spite of it.

The eczematous child must be kept in an environment where the temperature is constant at about 70 degrees Fahrenheit. His clothing should be light and cool. White cotton or linen should always be used in preference to rough materials.

The skin of the child should always be kept clean and soft and no soap should ever be used. Care should be taken that no soap remains in the clothing or bed sheets. In place of soap, baths with tepid water containing bran, starch, or oatmeal, or even some liquid tar in small quantities should be used. After every bath, crusts should carefully be removed and oil applied to the skin, followed by some unscented talcum. In the cleansing process particular attention should be paid to the crevices and folds of the skin. Diapers of the infant must be soft and free of soap. After washing, diapers should be rinsed in a solution of bichloride of mercury 1 : 10,000. Some physicians prefer soaking them in a saturated solution of boric acid after they have been washed.

In addition to the local measures, it is imperative to observe carefully the dietary restrictions which the physician has outlined for the individual case. Obviously the removal of the offending food or foods, where they are causative factors, will result in complete relief of symptoms. This removal, together with meticulous care in local treatment, are the main factors in getting these children well.

Above all else, allergy requires a correct diagnosis, because without this accurate diagnosis proper treatment is impossible. The public health nurse may perform useful functions in the prevention and treatment of allergy. She may recognise the symptoms of allergic conditions and refer patients to proper sources of medical care. She may help to interpret the physician's orders to the family so that they will understand the importance of strict compliance. She may discover offending substances in the patient's environment, which are causes of allergic conditions. She may give skilled nursing care and teach the family those nursing techniques and procedures which are necessary to effective care of the patient.

Definition of Allergy.

The term *allergy* is used to-day to characterise the hypersensitive conditions of man. We say that people are allergic when their response to certain ordinary substances which do not in any way affect the normal person is definitely abnormal. Nearly everyone has seen individuals who become ill when they eat eggs or chocolate, or who develop a rash after eating strawberries or other fruits. During the summer months the hay fever patient suffering with inflamed eyes and nose, many sneezes, and even attacks of asthma, comes to the attention of everyone. These patients are hypersensitive and are called allergic. The term describes a bodily condition rather than a disease entity.—From "Can Allergy be Prevented?" by Dr. Chobot, in the May, 1938, issue of *Public Health Nursing.*

KETOGENIC DIET FOR EYE TROUBLE.

During the past year medical experts of the L.C.C. have experimented with a "ketogenic diet" in the treatment of chronic eye disease among children.

The Hospitals and Medical Services Committee report that the results have been satisfactory, and the experiment will be continued for another twelve months.

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