



TWENTY-SEVENTH ANNUAL CONGRESS

The American College of Allergists

PRE-CONGRESS SEMINAR, MARCH 28, 29, 1971

TWENTY-SEVENTH ANNUAL CONGRESS, MARCH 30, 31, APRIL 1, 1971

FAIRMONT HOTEL AND TOWER (Headquarters) — HOTEL MARK HOPKINS



SAN FRANCISCO

EVERYBODY'S FAVORITE CITY



MEETING ROOMS AND THEIR LOCATION

Name of Room	Level or Floor
CALIFORNIA	MEZZANINE LEVEL
CROWN	TOWER—29th FLOOR
CRYSTAL	LOBBY FLOOR
EMPIRE	LOBBY FLOOR
FAR EAST	MEZZANINE LEVEL
FLORENTINE	MEZZANINE LEVEL
FOUNTAIN	LOBBY FLOOR
FRENCH	LOBBY FLOOR
FRONTIER	MEZZANINE LEVEL
GARDEN	LOBBY FLOOR
GOLD	LOBBY FLOOR
GRAND BALLROOM	GRAND BALLROOM LEVEL
GRAND BALLROOM LOUNGE	GRAND BALLROOM LEVEL
GREEN	LOBBY FLOOR
HUNT	MEZZANINE LEVEL
INTERNATIONAL	MEZZANINE LEVEL
PAVILION	LOBBY FLOOR
STATE	MEZZANINE LEVEL
TERRACE	TERRACE LEVEL
20TH CENTURY	MEZZANINE LEVEL
VANDERBILT	TERRACE LEVEL
VENETIAN	LOBBY FLOOR



THE AMERICAN COLLEGE OF ALLERGISTS

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PRESIDENT
1970-1971



GREETINGS!

TO OUR MEMBERS AND GUESTS:

A warm and hearty welcome to you all! The many important scientific advances and professional developments that have taken place during the past year in allergy and immunology makes this Twenty-Seventh Annual Congress of The American College of Allergists one of vital interest and paramount importance. These advances and developments will be stressed in the program arranged by Dr. Ralph Hale, President-Elect and Overall Program Chairman, who has been assisted by Dr. M. Coleman Harris, Co-Chairman. The Pre-Congress Seminar on "Current Aspects of

Pulmonary Pathophysiology" and "Pathophysiology of Allergic Skin Disorders" is well timed and organized. The speakers are of national and international renown.

Mr. Eloi Bauers, Executive Vice President and Counsel, and Dr. John D. Gillaspie, Executive Secretary and Treasurer, will be on hand with their usual skill to ensure that all runs smoothly.

Of particular interest and importance to the Fellows of the College will be the report to be given at the Business Meeting by Drs. William Browning, Bernard Berman and Robert Brennan on the progress that is being made in the formation of an American Board of Allergy and Immunology.

Entertainment and social events have not been neglected. Abigail Van Buren, who is "Dear Abby" to millions of readers for her pungent advice to the problem-ridden, will be the featured speaker at the Past Presidents' Luncheon, to which all are invited. Mrs. T. Reed Maxson, President of the Women's Auxiliary, and Mrs. William Browning, Hostess Chairman, have arranged what promises to be a most delightful evening; a chartered trip aboard "The Harbor Queen" across beautiful San Francisco Bay to visit and browse in Tiburon and then dine at the exclusive Windjammer Restaurant.

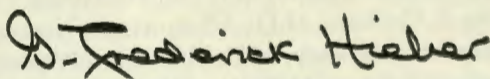
Many of our exhibitors have again returned with exhibits of their most recent products. Please do not fail to register and visit all of these exhibits; they deserve our vigorous and whole-hearted support.

Feast yourselves to the full . . . enjoy both the scientific portion of the Congress and the social events. San Francisco has often been acclaimed "Everyone's Favorite City." Make it yours during this memorable Twenty-Seventh Annual Congress of the College.

Following the San Francisco meeting, a Post-Convention Instructional Course in Allergy, co-sponsored by the University of Hawaii, and an Allergy Seminar, will be held in Honolulu. Drs. Nathan E. Silbert and Howard G. Rapaport of the Scientific and Educational Council, and Dr. Leon Unger, who has conducted a number of post-convention seminars in allergy, are jointly associated in promoting these extra-educational activities. Undoubtedly, many will wisely take advantage of this opportunity to improve their knowledge in allergy and to visit one of the newest and most colorful states in the Union.

Again, my most cordial greetings, and may this Congress be among the most memorable you have ever attended.

Sincerely,



President

American College of Allergists

OFFICERS—1970-1971

G. Frederick Hieber, M.D., President, St. Petersburg, Florida
Ralph Hale, M.D., President-Elect, Wichita, Kansas
William S. Eisenstadt, M.D., First Vice President, Minneapolis, Minnesota
Mason I. Lowance, M.D., Second Vice President, Atlanta, Georgia
Maury D. Sanger, M.D., Secretary, Brooklyn, New York
Eloi Bauers, J.D., Executive Vice President and Counsel, Minneapolis, Minnesota
John D. Gillaspie, M.D., Executive Secretary and Treasurer, Boulder, Colorado
M. Coleman Harris, M.D., Historian, San Francisco, California

BOARD OF DIRECTORS

PAUL F. deGARA, M.D., Chairman, New York, New York
G. FREDERICK HIEBER, M.D., Vice Chairman, St. Petersburg, Florida
RALPH HALE, M.D., Wichita, Kansas
WILLIAM S. EISENSTADT, M.D., Minneapolis, Minnesota
VICTOR L. SZANTON, M.D., Derby, Connecticut

BOARD OF REGENTS

	Term Expires
BERNARD A. BERMAN, M.D.	Brookline, Massachusetts 1972
JOHNNY A. BLUE, M.D.	Oklahoma City, Oklahoma 1972
GLENN E. HORTON, M.D.	Memphis, Tennessee 1972
SOLOMON D. KLOTZ, M.D.	Orlando, Florida 1973
WILLIAM F. MITCHELL, M.D.	Columbus, Ohio 1973
GEORGE M. ROBINS, M.D.	Portland, Oregon 1973
NATHAN E. SILBERT, M.D.	Lynn, Massachusetts 1971
VICTOR L. SZANTON, M.D.	Derby, Connecticut 1971
ORVILLE C. THOMAS, M.D.	Houston, Texas 1971
G. FREDERICK HIEBER, M.D. (President)	St. Petersburg, Florida 1971

PROGRAM PLANNING COMMITTEE

OVERALL CHAIRMAN, President-Elect—Ralph Hale, M.D.,
Wichita, Kansas

Co-Chairman—M. Coleman Harris, M.D., San Francisco, Calif.

G. Frederick Hieber, M.D., St. Petersburg, Fla.

Roy F. Goddard, M.D., Albuquerque, New Mexico

Stephen D. Lockey, M.D., Lancaster, Pennsylvania

Samuel J. Prigal, M.D., New York, New York

Maury D. Sanger, M.D., Brooklyn, New York

INFORMATION OF GENERAL INTEREST

REGISTRATION

All persons who plan to attend or participate in any function during this Twenty-Seventh Annual Congress, including Fellows, members, wives, instructors, guests and exhibit personnel, *must register* at the Registration Desk. At the time of registration each person will receive an identification badge in one of four colors which must be displayed to gain admission to any and all meetings and functions, with voting Fellows wearing red; non-voting, blue; guests, buff colored; and exhibitors, green badges. *Admission to the exhibit area will be by badge only.*

The Registration Desk will be located in the Grand Ballroom on the Grand Ballroom Level, and will be open as follows:

Saturday, March 27	1:00 p.m. to 4:00 p.m.
Sunday, March 28	8:00 a.m. to 4:00 p.m.
Monday, March 29	8:00 a.m. to 4:00 p.m.
Tuesday, March 30	8:00 a.m. to 4:00 p.m.
Wednesday, March 31	8:00 a.m. to 4:00 p.m.
Thursday, April 1	8:00 a.m. to 12:00 noon

REGISTRATION FEE

A registration fee of \$10.00 will be charged to all non-members registering for the meeting. This fee will be charged for both the Pre-Congress Seminar and the Scientific Sessions, and is to be paid when registering. Members and physicians in the armed services will be admitted at no charge. Residents, interns and students will be admitted at no charge if they present proper credentials from the dean or chief of service of their respective institutions.

MESSAGES AND BULLETIN BOARD

A bulletin board is located near the Registration Desk. All persons attending this Congress are asked to check this board from time to time throughout each day for activities not scheduled or listed in this program. It is inevitable that changes will occur in the program. Some material is received too late to be listed herein, so any additional or new information of importance will be posted on the bulletin board from time to time.

SCHEDULE OF COMMITTEE AND OTHER MEETINGS

SATURDAY, MARCH 27

		Room
7:30 a.m.	Breakfast for Committee Conducting Examinations—William S. Eisenstadt, M.D., Chairman By Laws Committee—Paul F. deGara, M.D., Chairman. Time and place to be announced.	California
2:00 p.m.	Credentials Committee—Orville C. Thomas, M.D., Chairman	Suite of Dr. Gillaspie (Fairmont Hotel)
4:00 p.m.	Finance Committee—Lowell L. Henderson, M.D., Chairman Scientific and Educational Council—Howard G. Rapaport, M.D., Chairman. Time and place to be announced.	Suite of Dr. Gillaspie
4:00 p.m.	Ad hoc Committee to work with Allergy Foundation of America—Mayer A. Green, M.D., Chairman	Far East

SUNDAY, MARCH 28

11:00 a.m.	Board of Directors—Paul F. deGara, M.D., Chairman	Empire
2:00 p.m.	Board of Regents—G. Frederick Hieber, M.D., President	Empire

MONDAY, MARCH 29

7:30 a.m.	International Committee—Paul F. deGara, M.D., Chairman Breakfast meeting	Dr. deGara's Suite—Mark Hopkins
2:30 p.m.	Aerobiology Committee—Franklyn M. Newmark, M.D., Chairman	Far East
4:00 p.m.	Audio-Visual Committee—Melvin Newman, M.D., Chairman	Florentine
2:30 p.m.	Bronchopulmonary Committee—Glenn E. Horton, M.D., Chairman	Fountain
2:30 p.m.	Certification Committee—Robert J. Brennan, M.D., Chairman	French
2:30 p.m.	Dermatologic Allergy—A. Harvey Neidorff, M.D., Chairman	Florentine
2:30 p.m.	Drug Allergy—William C. Grater, M.D., Chairman	Green
2:30 p.m.	Economics Committee—Grace M. Talbot, M.D., Chairman	Cirque
2:30 p.m.	Neurologic Allergy—Milton Millman, M.D., Chairman	Hunt
2:30 p.m.	Ophtho-Otolaryngologic Allergy—Richard H. Stahl, M.D., Chairman (room to be posted)	
2:30 p.m.	Past Presidents Committee—Lowell L. Henderson, M.D., Chairman	Dr. Hieber's Suite—Fairmont
2:30 p.m.	Psychosomatic Allergy—Maury D. Sanger, M.D., Chairman (Room to be posted)	
2:30 p.m.	Standardization—Merle S. Scherr, M.D., Chairman	California
2:30 p.m.	Technology—Stephen D. Lockey, M.D., Chairman	Crystal

TUESDAY, MARCH 30

- 7:30 a.m. Pediatric Allergy Committee—Bernard A. Ber- California
man, M.D., Chairman (Breakfast meeting)
- 7:30 a.m. Association of Allergists for Mycological Inves- Fountain
tigations—Homer E. Prince, M.D., Chairman
(Breakfast meeting)

WEDNESDAY, MARCH 31

- 4:00 p.m. Annual Business Meeting—G. Frederick Hieber, Terrace
M.D., President

THURSDAY, APRIL 1

New Board of Regents—Ralph Hale, M.D., President
Announcement of time and place will be made later.

ACKNOWLEDGMENTS

President G. Frederick Hieber, M.D., on behalf of the Directors, Regents and officers of the College, hereby expresses the appreciation of the entire membership to each of the several pharmaceutical houses, business establishments and firms, whose services, sponsorship and generous contributions have helped make this Annual Congress a success.

Bruce Publishing Company, St. Paul, Minnesota
Center Laboratories, Inc., Port Washington, New York
The Coca-Cola Company, Atlanta, Georgia
Combined Insurance Company of America, Chicago, Illinois
Dome Laboratories, West Haven, Connecticut
Mead Johnson Laboratories, Evansville, Indiana
Schering Laboratories, Union, New Jersey
The Upjohn Company, Kalamazoo, Michigan

AWARDS

Through the generosity of the Women's Auxiliary, the traditional Bela Schick and Clemens von Pirquet Awards will again be presented this year. Mrs. Virginia Maxson, President of the Auxiliary, will make the presentations in the Terrace Room on Wednesday afternoon, March 31, immediately preceding the annual Business Meeting of the College.

SOCIAL FUNCTIONS

The Program Committee has limited to a minimum the number of evening social functions, and also decided to forego a banquet and any social or cocktail hour, so that everyone may have several evenings free to pursue his or her favorite activity and enjoy the entertainment each prefers.

For those who like to feast on fresh seafood it is to be had at many of the restaurants in and near Fisherman's Wharf, while in Chinatown there are some world famous restaurants where the best Chinese and Cantonese food to be had anywhere in the world may be enjoyed.

For those who are less interested in food, there are many cultural activities and sightseeing tours and many places of interest to visit. Sightseeing folders are available at the Women's Hospitality Suite and the Registration Desk.

THE ALLERGY FOUNDATION OF AMERICA, Committee for Public Education, will hold a social hour and a brief meeting for representatives of all local, state and regional allergy societies on Tuesday, March 30, at 5:00 p.m. in the Fountain Room. Allergists and their wives interested in assisting the Foundation's program to establish local chapters are cordially invited.

PHOTOGRAPHIC EXHIBIT

Dr. Merle W. Moore, of Portland, Oregon, a former President of the College, has graciously consented to display, in the Garden Room, the Hospitality Suite of the Auxiliary, about ten of his 16" x 20" mounted salon prints made by paper negative process, depicting scenes in many areas of the world where Mrs. Moore and he have traveled. Dr. Moore is a member of the Photographic Society of America and its Salon Practices Committee, an Associate Member of the Royal Photographic Society of Great Britain and the Salon Exhibitors Association. He is a Five Star Exhibitor in International Exhibits, and has had over 700 of his prints accepted. He studied under Adolph Fassbender, and has been, since 1962, a Permanent Master for Salon Workshop Control Groups. This is a rare opportunity to view and enjoy an excellent photographic display presented by one of our most talented and distinguished members.

EXAMINATIONS FOR ADVANCEMENT TO FELLOWSHIP

Saturday, March 27
Commencing at
9:00 a.m.

Written—Florentine Room
Oral—Hunt Room

Examinations are given by the Sub-Committee on Education of the Scientific and Educational Council, under the supervision of William S. Eisenstadt, M.D.

Annual Election of Officers

G. FREDERICK HIEBER, M.D., President, presiding

Wednesday afternoon, March 31, 4:00 p.m. in the Terrace Room

The following slate of officers . . . one (1) candidate for each elective office to be filled . . . has been selected by the Nominating Committee:

President-elect—LAMAR B. PEACOCK, M.D.

First Vice President—BEN C. EISENBERG, M.D.

Second Vice President—Harry R. Weil, M.D.

Secretary—CARL D. MARSH, M.D.

Board of Regents (three-year term)—GILBERT D. BARKIN, M.D., ROY F. GODDARD, M.D., and T. REED MAXSON, M.D.

EXHIBITS

All exhibits, both technical and scientific, will be located in the Exhibit Area in the Grand Ballroom. Exhibits will be open:

Monday, March 29 9:00 a.m. to 4:00 p.m.

Tuesday, March 30 9:00 a.m. to 4:00 p.m.

Wednesday, March 31 9:00 a.m. to 1:00 p.m.

All members and guests are urged to visit these exhibits during the recess periods provided for that purpose as well as at other convenient times throughout each day during the hours when the exhibits are open. All exhibit booths are staffed by talented and courteous personnel and visitors are asked to give these good people ample time and full opportunity to demonstrate their fine products and explain their merits. Members are urged to use the products which our exhibitors are presenting in their practice whenever it is possible to do so and to recommend and encourage their use by others.

Because our commercial exhibitors pay very substantial amounts for the privilege of presenting and demonstrating their products, and the College derives revenues therefrom which help to finance its many activities, we suggest these exhibitors are entitled to every courtesy we can extend to them. The only fair way our exhibitors have of gauging and evaluating the benefits they may reasonably expect to derive from continued participation in our future meetings is the interest we evince in the products displayed when we visit and register at their respective booths.

Our scientific exhibits are selected on the basis of their educational value as well as their contribution to the advancement of medicine, and in particular, the practice of Allergy.

TIME LIMIT ON PAPERS PRESENTED

For the Pre-Congress Seminar on Sunday and Monday, and for the Scientific Sessions on Tuesday, Wednesday and Thursday, only the beginning time of a paper or discussion is listed in this program. Closing time limits are not shown because chairmen have been instructed to see that each speaker or group observes a reasonable time limit to assure completion within the total time allotted, and also to provide periods of sufficient length for all in attendance to visit all the exhibits. Appropriate announcements urging such visits will be made from the rostrum preceding each intermission.

PUBLICATION OF PAPERS

Following the presentation of each paper the author is expected to leave with the chairman of the session a correct typed copy thereof. These manuscripts will then be delivered to one of the attendants at the Registration Desk promptly following the close of each session. Article IX, Section 2, of the College By Laws provides that all papers presented at any Annual Congress may be published in full in the Annals of Allergy, unless otherwise determined by the Editorial Board. Any Pre-Congress Seminar lecturer who wishes to have his presentation published in the Annals of Allergy must first deliver a typewritten manuscript thereof to the Editorial Board and obtain its approval for such publication.

GROUP INSURANCE COVERAGE

Commencing April 1, 1964, Combined Insurance Company of America became the underwriter of the Disability Income program sponsored by the College. This new program made it possible for College members to enjoy better coverage at substantially lower rates. Moreover, the newly reduced rates were guaranteed against increase for a total period of four years. Effective as of April 1, 1968, the rates currently in force again were guaranteed for an additional period of four years, through March 31, 1972.

On April 1, 1965, the College added an improved Overhead Expense policy for its members. This policy was once again much more liberal and economical than the policy it replaced. We urge all members who have not enrolled for this plan to compare the benefits available to them thereunder with any other Overhead Expense plan they may now have in effect or have under consideration buying.

A substantial number of claims have been presented by our members and benefits have been paid them under both the Disability Income and the Overhead Expense coverage. In some of the cases these benefits have been paid for periods lasting up to two years. The benefits payable to our members under these plans are tax free and this fact greatly enhances their value.

A very important and unique feature of our group coverage, one rarely found in similar insurance contracts, is that in any claim in which a dispute arises it may be submitted to our Insurance Committee, and the company agrees to accept as final whatever decision is reached thereon by a majority of the Committee.

Mr. John K. Baldwin, our very perceptive and experienced Insurance Administrator, will be present in person each day of this meeting to counsel and advise members on problems arising in connection with their insurance coverage. Mr. Baldwin will be available for semi-private conferences at a convenient location in the Exhibit Area Monday through Wednesday. For any members requesting more complete privacy, conferences may be arranged at a time and place mutually convenient and acceptable. Messages for Mr. Baldwin may be left at the Registration Desk.

PAST PRESIDENTS

The American College of Allergists will honor with a special luncheon on Tuesday noon, March 30, all of its Presidents who have served it from its founding in 1943 through 1970.

PAST PRESIDENTS' LUNCHEON

12:15-2:00—Tuesday, March 30, 1971

Gold Room

Chairman: Eloi Bauers, Executive Vice President and Counsel

Guest Speaker: Miss Abigail Van Buren ("Dear Abby")

Subject: The Trouble I've Seen.

ROSTER OF PAST PRESIDENTS

	Site of Meeting	Term of Office
Fred W. Wittich, M.D. (President Emeritus)*		
Bernard J. Efron, M.D.*	Chicago, Illinois	(1943-1944)
French K. Hansel, M.D.	Set for Philadelphia, Pa., and cancelled	(1944-1945)
Harry L. Rogers, M.D.	San Francisco, Calif.	(1945-1946)
Leon Unger, M.D.	Atlantic City, N. J.	(1946-1947)
Hal M. Davison, M.D.*	Chicago, Illinois	1947-1948)
George E. Rockwell, M.D.	Chicago, Illinois	(1948-1949)
Jonathan Forman, M.D.	St. Louis, Missouri	(1949-1950)
John H. Mitchell, M.D.	Chicago, Illinois	(1950-1951)
Harold A. Abramson, M.D.	Pittsburgh, Pa.	(1951-1952)
J. Warrick Thomas, M.D.	Chicago, Illinois	(1952-1953)
M. Murray Peshkin, M.D.	Miami Beach, Fla.	(1953-1954)
Homer E. Prince, M.D.	Chicago, Illinois	(1954-1955)
Lawrence J. Halpin, M.D.*	New York, N. Y.	(1955-1956)
Ethan Allan Brown, M.R.C.S. (England), L.R.C.P. (London)	Chicago, Illinois	(1956-1957)
Orval R. Withers, M.D.	Atlantic City, N. J.	(1957-1958)
Merle W. Moore, M.D.	San Francisco, Calif.	(1958-1959)
Cecil M. Kohn, M.D.*	Bal Harbour, Fla.	(1959-1960)
Giles A. Koelsche, M.D.	Dallas, Texas	(1960-1961)
Philip M. Gottlieb, M.D.	Minneapolis, Minn.	(1961-1962)
Mayer A. Green, M.D.	New York, N. Y.	(1962-1963)
Morris A. Kaplan, M.D.	Bal Harbour, Fla.	(1963-1964)
Boen Swinny, M.D.	Las Vegas, Nevada	(1964-1965)
M. Coleman Harris, M.D.	Chicago, Illinois	(1965-1966)
Lowell L. Henderson, M.D.	New Orleans, La.	(1966-1967)
Howard G. Rapaport, M.D.	Denver, Colorado	(1967-1968)
John P. McGovern, M.D.	Washington, D. C.	(1968-1969)
Paul F. deGara, M.D.	Bal Harbour, Fla.	(1969-1970)
G. Frederick Hieber, M.D.	St. Petersburg, Fla.	(1970-1971)

*Deceased

The Women's Auxiliary of the American College of Allergists

Seventeenth Annual Meeting

Fairmont Hotel and Tower, San Francisco, California

March 28-April 1, 1971

REGISTRATION AND HOSPITALITY

Garden Room, Sunday, March 28, through Wednesday, March 31, 9:00 A.M.-12:00 noon, and 1:30 P.M.-3:00 P.M., Thursday, April 1, 9:30 A.M.-11:00 A.M.

Your Hostess Committee wishes for you a delightful meeting in San Francisco. Come to the Hospitality Room and enjoy yourself. Information will be available for tours, shops, restaurants and entertainment.

PROGRAM

MONDAY, MARCH 29

- 9:00 a.m. Finance Committee—Empire Room
- 10:00 a.m. Education Committee—Empire Room
- 1:30 p.m. By Laws Committee—Empire Room
- 3:00 p.m. Nominating Committee—Empire Room

TUESDAY, MARCH 30

- 9:30 a.m. Pre-Annual Board Meeting—Green Room
- 12:15 p.m. College Past Presidents' Luncheon—Gold Room
(Members of the College, Auxiliary Members, and guests are invited. Tickets may be purchased at College Registration desk).
- 6:30 p.m. Trip to Tiburon on (chartered) "Harbor King"
Boat leaves from Fisherman's Wharf. This is for both "Dr. and Mrs."
- 7:30 p.m. Dinner at the Windjammer Restaurant (Restaurant closed to the public that evening.)
- 9:30 p.m. Boat returns to Fisherman's Wharf

WEDNESDAY, MARCH 31

- 10:00 a.m. Annual Business Meeting—California Room
- 3:30 p.m. Presentation of the Clemons von Pirquet and Bela Schick Awards at the Annual Business Meeting of the College by Mrs. T. Reed Maxson, President of the Women's Auxiliary

THURSDAY, APRIL 1

- 9:00 a.m. Post-Annual Board Meeting—French Room

ANNUAL ELECTION

Official Slate Board of Governors To serve for a three-year term, 1971-1974

The Nominating Committee of The Women's Auxiliary of The American College of Allergists (composed of Mrs. Lowell L. Henderson, Chairman; Mrs. Irvin Caplin, Mrs. Mayer A. Green, Mrs. Lester W. Mittelstaedt, and Mrs. Orville C. Thomas) has selected the following slate to be voted on at the Annual Business Meeting, to be held on Wednesday, March 31, 1971:

Mrs. Ralph Hale, Wichita, Kansas
Mrs. G. Frederick Hieber, St. Petersburg, Florida
Mrs. William M. Mount, West Lafayette, Indiana

The present officers of The Women's Auxiliary of The American College of Allergists are:

President—Mrs. T. Reed Maxson, Warrensburg, Missouri
President-Elect—Mrs. William H. Browning, Shreveport, Louisiana
Vice-President—Mrs. Paul T. Petit, Beaumont, Texas
Secretary—Mrs. Orval R. Withers, Kansas City, Missouri
Treasurer—Mrs. Gilbert D. Barkin, Rockville, Maryland
Historian—Mrs. Paul F. deGara, Pelham Manor, New York
Parliamentarian—Mrs. Merle S. Scherr, Charleston, West Virginia

HOSTESS COMMITTEE

Co-Host—M. Coleman Harris, M.D.

Hostesses

Mrs. John Bullock
Mrs. Ben F. Feingold
Mrs. Ralph Hale
Mrs. G. Frederick Hieber
Mrs. Paul T. Petit
Mrs. E. James Young

And Past Presidents
Mrs. Johnny A. Blue
Mrs. John D. Gillespie
Mrs. Morris A. Kaplan
Mrs. M. Murray Fishkin
Mrs. J. Warrick Thomas

AMERICAN COLLEGE OF ALLERGISTS PRE-CONGRESS SEMINAR

Sponsored by grant from Schering Corporation

The courses of study offered during our Pre-Congress Seminar in San Francisco, California, is acceptable for 20 elective hours of credit by the Commission on Education of the American Academy of General Practice.

SUNDAY, MARCH 28, 1971

MORNING SESSION

TERRACE ROOM

CURRENT CONCEPTS OF PULMONARY PATHOPHYSIOLOGY

Chairman: —M. COLEMAN, HARRIS, M.D., San Francisco, California

A.M.

9:00 MUCO-CILIARY AND ALLIED DEFENSE MECHANISMS OF THE LUNGS

OSCAR J. BALCHUM, M.D., Ph.D.
Hastings Professor of Medicine
University of Southern California School of Medicine
and Director, Pulmonary Disease Service
Los Angeles County-University of Southern California Medical Center
Los Angeles, California

9:30 PHARMACOLOGICAL ASPECTS OF THE ALLERGIC REACTION

OSCAR LEE FRICK, M.D.
Associate Professor of Pediatrics
University of California School of Medicine
San Francisco, California

**10:00 ACID BASE BALANCE AND
ARTERIAL BLOOD GASES**

IRA M. GOLDSTEIN, M.D.
Clinical Instructor, Department of Medicine
University of California School of Medicine at
San Diego
San Diego, California



Dr. Goldstein

☆ SUNDAY ☆

10:30 RECESS

Chairman: —ALLAN HURST, M.D.,
Denver, Colorado

11:00 PULMONARY FUNCTION STUDIES

JAY A. NADEL, M.D.
Professor of Medicine
Cardiovascular Research Institute and
Department of Medicine
University of California
San Francisco Medical Center
San Francisco, California

11:30 RESPIRATORY INFECTIONS

ROGER H. L. WILSON, M.D.
Associate Director
Continuing Education, Health Sciences
Lecturer in Medicine
University of California School of Medicine
San Francisco, California



Dr. Wilson

12:00 Panel Discussion: Doctors Balchum, Frick, Goldstein, Nadel and Wilson

P.M.

12:30 LUNCH

AFTERNOON SESSION

TERRACE ROOM

Chairman: —ROY F. GODDARD, M.D.
Albuquerque, New Mexico

2:00 THE TEAM APPROACH TO THE MANAGEMENT
OF ACUTE EXACERBATIONS IN CHRONIC
PULMONARY DISEASE

Moderator: —GLENN E. HORTON, M.D.

Assistant Professor of Clinical Medicine
(Immunology), University of Tennessee
College of Medicine, Knoxville,
Tenn. Consultant, Pulmonary Disease
and Respiratory Allergy, U.S.P.H.S.
Hospital, Memphis, Tennessee



Dr. Horton

2:00 PEDIATRICIAN

ROY F. GODDARD, M.D.
Albuquerque, New Mexico

2:20 INTERNIST

ROGER H. L. WILSON, M.D.
San Francisco, California

2:40 ALLERGIST

NORMAN SHURE, M.D.
Los Angeles, California

3:00 INHALATION THERAPIST

RAY VALDEZ
San Francisco, California

3:20 PHYSICAL THERAPIST

IRENE GIBSON, M.D.
San Francisco, California

3:40 DISCUSSION PERIOD

SPONSORED BY GRANT FROM SCHERING CORPORATION

MONDAY, MARCH 29, 1971

MORNING SESSION

TERRACE ROOM

CURRENT CONCEPTS OF PATHOPHYSIOLOGY OF ALLERGIC SKIN DISORDERS

Chairman: —MARTYN VICKERS, M.D.,
Bangor, Maine

A.M.

9:00 THE SKIN AS AN ORGAN

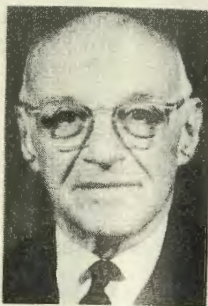
RICHARD K. WINKELMANN, M.D.
Mayo Clinic
Rochester, Minnesota



Dr. Winkelmann

9:30 ATOPIC DERMATITIS

MARION B. SULZBERGER, M.D.
Technical Director of Research
Letterman General Hospital
San Francisco, California



Dr. Sulzberger

10:00 CONTACT DERMATITIS—RECENT DEVELOPMENTS

ERNST EPSTEIN, M.D.
Clinical Assistant in Dermatology
University of California
San Francisco Medical Center
San Francisco, California



Dr. Ernst Epstein

10:30 RECESS TO VISIT EXHIBITS—GRAND BALLROOM

Chairman: — A. HARVEY NIEDORFF, M.D.
Altoona, Pennsylvania

11:00 A.M. PHOTSENSITIVITY

JOHN H. EPSTEIN, M.D.
Associate Clinical Professor of Dermatology
University of California School of Medicine
San Francisco, California



Dr. John Epstein

11:30 TOPICAL USE OF STEROIDS

HOWARD I. MAIBACH, M.D.
Associate Professor of Dermatology
University of California
San Francisco Medical Center
San Francisco, California

12:00 **PANEL DISCUSSION**
DOCTORS WINKELMANN, SULZBERGER, ERNST EPSTEIN, JOHN H. EPSTEIN, and MAIBACH

Chairman: — **FRANK PERLMAN, M.D.,**
Portland, Oregon

P.M.

12:30 **LUNCHEON PANEL: THE CURRENT STATUS OF CORTICOSTEROIDS AND SYMPATHOMIMETICS IN THE TREATMENT OF ALLERGIC DISORDERS**

PETER H. FORSHAM, M.D.
Professor of Medicine and Pediatrics
Chief of Endocrinology
Department of Medicine
Director of Metabolic Research Unit
University of California
San Francisco Medical Center
San Francisco, California

CHAUNCEY D. LEAKE, Ph.D., L.H.D., Sc.D., LL.D.
Senior Lecturer in History of Health Sciences
and Pharmacology
University of California
San Francisco Medical Center
San Francisco, California



Dr. Forsham

☆ TUESDAY ☆

AMERICAN COLLEGE OF ALLERGISTS

Twenty-seventh Annual Congress

TUESDAY, MARCH 30, 1971

MORNING SESSION

TERRACE ROOM

Chairman: — LAMAR B. PEACOCK, M.D.,
Atlanta, Georgia

Co-Chairman: — BEN C. EISENBERG, M.D.,
Lynwood, California

A.M.

9:00 NEWER THERAPEUTIC AGENTS FOR THE
TREATMENT OF ASTHMA

(Abstract No. 1)

SAMUEL C. BUKANTZ, M.D.
Associate Professor of Clinical Medicine
New York University School of Medicine
Editor, Hospital Practice
New York, New York

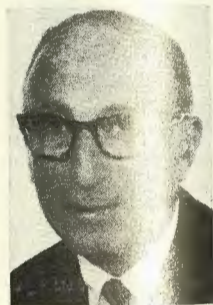


Dr. Bukantz

9:15 THE HEART IN HUMAN ANAPHYLAXIS

(Abstract No. 2)

LEO H. CRIEP, M.D.
Veterans Administration Hospital
Pittsburgh, Pennsylvania



Dr. Crip

9:30 COUGH IN ALLERGIC RESPIRATORY DISEASE

(Abstract No. 3)

RALPH BOOKMAN, M.D.

Assistant Clinical Professor of Medicine
University of Southern California Medical School
Los Angeles, California



Dr. Bookman

9:45 SUCCESSFUL MANAGEMENT OF PSEUDO-ALLERGIC CHRONIC COUGH BY CONDITIONING TECHNIQUES

(Abstract No. 4)

HYMAN CHAI, M.D.

Children's Asthma Research Institute and Hospital
Denver, Colorado



Dr. Chai

10:00 RECESS TO VISIT EXHIBITS—GRAND BALLROOM

Chairman: —MAURY SANGER, M.D., Brooklyn, New York

Co-Chairman: —BENNETT KRAFT, M.D., Indianapolis, Indiana

10:30 PSYCHIATRIC CONSULTATION WITH ALLERGIC PATIENTS

(Abstract No. 5 not available)

CARROLL M. BRODSKY, M.D.

Associate Professor of Psychiatry
University of California
San Francisco, California

10:40 PSYCHOTHERAPY IN ALLERGY

(Abstract No. 6 not available)

KLAUS W. BERBLINGER, M.D.
Professor of Psychiatry
University of California
San Francisco Medical Center
San Francisco, California



Dr. Berblinger

11:00 GROUP THERAPY IN THE REHABILITATION OF THE SEVERE CHRONIC ASTHMATIC CHILD

(Abstract No. 7)

ARMOND V. MASCIA, M.D.
Chief of Pediatric Allergy and Consultant
Chronic Asthma Rehabilitation Program
Grasslands Hospital
Yaphalla, New York

11:15 HYPNOSIS IN ALLERGY

(Abstract No. 8 not available)

LOUIS J. WEST, M.D.
Chairman of Department and Professor of Psychiatry
University of California
Los Angeles, California

**11:30 PANEL DISCUSSION
QUESTIONS AND ANSWERS—Audience Participation**

PANELISTS:

DRS. CARROLL M. BRODSKY, KLAUS W. BERBLINGER, ARMOND V. MASCIA,
LOUIS J. WEST, MAYER A. GREEN and MAURY D. SANGER

12:00 ADJOURN FOR LUNCH

12:15 PAST PRESIDENTS' LUNCHEON

GOLD ROOM

Chairman:—ELOI BAUERS, J.D.
Executive Vice President and Counsel
The American College of Allergists
Minneapolis, Minnesota

Guest Speaker:—Abigail Van Buren

("Dear Abby")
"The Trouble I've Seen"



Abigail Van Buren

AFTERNOON SESSION

TERRACE ROOM

Chairman: —GEORGE M. ROBINS, M.D.,
Portland, Oregon

Co-Chairman: —SOLOMON D. KLOTZ, M.D.,
Orlando, Florida

P.M.

2:00 HOW OUR NOSES SNEEZE: TIME-LAPSE MOVIES OF TISSUE CULTURE OF HUMAN NASAL MUCOSA

(Abstract No. 9 not available)

CHAUNCEY D. LEAKE, Ph.D., L.D.H., Sc.D., LL.D.
Senior Lecturer in History of Health Sciences and Pharmacology
University of California
San Francisco Medical Center
San Francisco, California

2:30 ANIMAL MODELS OF IMMEDIATE-TYPE HYPERSENSITIVITY REACTIONS

(Abstract No. 10)

BERNARD H. BOOTH, M.D.
Associate Professor of Allergy and Immunology
Northwestern University
Chicago, Illinois

3:00 RECESS TO VISIT EXHIBITS—GRAND BALLROOM

Chairman: —STEPHEN D. LOCKEY, M.D., Lancaster, Pennsylvania

Co-Chairman: —HOMER E. PRINCE, M.D., Crockett, Texas

(This portion of the program supported by a grant from Dome Laboratories)

3:30 PRACTICAL METHODS OF EVALUATING PULMONARY FUNCTION

(Abstract No. 11)

JOHN F. MURRAY, M.D.
Professor of Medicine
University of California
San Francisco Medical Center
Member of the Cardiovascular Institute Staff
San Francisco, California

4:00 ALLERGIC ASPECTS OF THE DIZZY PATIENT

(Abstract No. 12)

W. HUGH POWERS, M.D.
Associate Clinical Professor of Otolaryngology
University of Southern California
Los Angeles, California



Dr. Powers

4:20 IMPROVED TECHNIQUES IN VISUAL AIDS

(Abstract No. 13)

JOHN M. CASEBOLT, M.D.
Clinical Associate, Pediatrics
University of New Mexico School of Medicine
Staff, Presbyterian & Bataan Memorial
Methodist Hospital
Albuquerque, New Mexico



Dr. Casebolt

4:40 SURVEY OF SERUM IgA DEFICIENCIES

(Abstract No. 14)

CECIL COLLINS-WILLIAMS, M.D.
Associate Professor of Pediatrics
University of Toronto
Toronto, Canada



Dr. Collins-Williams

WEDNESDAY, MARCH 31, 1971

MORNING SESSION

TERRACE ROOM

Chairman: — **WILLIAM SAWYER EISENSTADT, M.D.,** Minneapolis, Minnesota

Co-Chairman: — **JOHNNY A. BLUE, M.D.,** Oklahoma City, Oklahoma

A.M.

9:00 RESULTS OF A FIVE YEAR MULTIDISCIPLINARY STUDY OF CHILDHOOD ASTHMA

(Abstract No. 15)

VINCENT J. FONTANA, M.D.

Professor of Pediatrics
New York University College of Medicine
Director of Pediatrics and Pediatric Allergy
St. Vincent's Hospital and Medical Center
of New York
New York, New York



Dr. Fontana

9:15 PULMONARY AND ADRENAL EFFECTS OF ALTERNATE DAY CORTICOSTEROID THERAPY

(Abstract No. 16)

CONSTANTINE J. FALLIERS, M.D.

Medical Director
Children's Asthma Research Institute and Hospital
Denver, Colorado



Dr. Falliers

9:30 PROBLEMS IN THE DIAGNOSIS OF ALLERGY TO THE HYMENOPTERA

(Abstract No. 17)

HALLA BROWN, M.D.

Director, Division of Allergy
Professor of Medicine
The George Washington University Medical Center
Washington, D.C.

9:45 PRESENT STATUS OF THERAPY IN HYMENOPTERA STING SENSITIVITY

(Abstract No. 18)

JAMES H. BARNARD, M.D.
OPD and Visiting Consultant Medicine (Allergy)
Roosevelt Hospital
New York, New York



Dr. Barnard

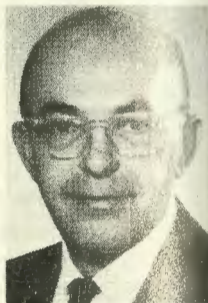
**10:00 RECESS TO VISIT EXHIBITS—GRAND BALLROOM
TERRACE**

Chairman: —MASON LOWANCE, M.D., Atlanta, Georgia
Co-Chairman: —MILTON MILLMAN, M.D., San Diego, California

**10:30 THE ROLE OF VEHICLES FOR ANTIGEN IN
DETERMINING IMMUNE RESPONSES**

(Abstract No. 19 not available)

SIDNEY RAFFEL, M.D.
Professor and Chairman
Department of Medical Microbiology
Stanford University School of Medicine
Stanford, California



Dr. Raffel

11:00 ALLERGY AND INFERTILITY

(Abstract No. 20 not available)

C. DEAN DUKES, Ph.D.
Professor, Gynecology and Obstetrics
Wayne State University
Detroit, Michigan

11:15 **AQUEOUS AND ORGANIC SOLVENT RAG-WEED EXTRACTS: A CRITICAL APPRAISAL**

(Abstract No. 21)

DANIEL H. GOODMAN, M.D.
Chief, Allergy and Clinical Immunology and Head
of Pulmonary Disease
Maricopa County General Hospital
Phoenix, Arizona



Dr. Goodman

11:30 **ANESTHESIA IN THE ASTHMATIC PATIENT**

(Abstract No. 22)

ALVIN J. HARRIS, M.D.
Senior Anesthesiologist
Mount Zion Hospital and Medical Center
San Francisco, California



Dr. Harris

11:45 **ASPIRIN SHOCK ASSOCIATED WITH BRONCHIAL ASTHMA AND NASAL POLYPS; DIAGNOSIS, TREATMENT AND PROPHYLAXIS**

(Abstract No. 23)

BERNARD T. FEIN, M.D.
Assistant Clinical Professor of Medicine
University of Texas School of Medicine
San Antonio, Texas



Dr. Fein

12:00 **Adjourn for lunch**

AFTERNOON SESSION

TERRACE ROOM

Chairman: —BERNARD BERMAN, M.D., Brookline, Massachusetts

Co-Chairman: —GILBERT D. BARKIN, M.D., Silver Spring, Maryland

P.M.

**2:00 REACTIONS TO HIDDEN AGENTS IN FOODS,
BEVERAGES AND DRUGS—ILLUSTRATIVE
CASES**

(Abstract No. 24)

STEPHEN D. LOCKEY, M.D.
Chief of Allergy
Lancaster General Hospital
Lancaster, Pennsylvania

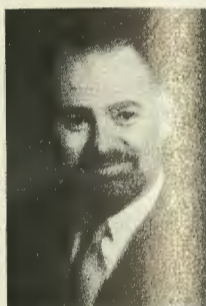


Dr. Lockey

**2:15 EMPHYSEMA FROM CHRONIC RESPIRATORY
OBSTRUCTION IN SEVERE INTRACTABLE
ASTHMATIC CHILDREN**

(Abstract No. 25)

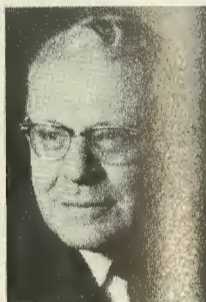
ROY F. GODDARD, M.D.
Pediatric Pulmonary Center of the New Mexico
Regional Medical Program
Albuquerque, New Mexico



Dr. Goddard

**2:30 THE BELA SCHICK MEMORIAL LECTURE—
SPONSORED BY SCHERING CORPORATION
PEDIATRIC ALLERGY AS A SPECIALTY**

JEROME GLASER, M.D.
Clinical Professor of Pediatrics Emeritus
University of Rochester
School of Medicine and Dentistry
Rochester, New York



Dr. Glaser

3:00 RECESS

**3:30 PRESENTATION OF CLEMENS VON PIRQUET
AND BELA SCHICK AWARDS**

MRS. T. REED MAXSON
President
Women's Auxillary
American College of Allergists

PRESENTATION OF CERTIFICATES TO NEW FELLOWS OF THE COLLEGE

PRESIDENTIAL ADDRESS

G. FREDERICK HIEBER, M.D.
President of The American College of Allergists
St. Petersburg, Florida

ANNUAL BUSINESS MEETING

G. FREDERICK HIEBER, M.D.
Presiding

THURSDAY, APRIL 1, 1971

MORNING SESSION

TERRACE ROOM

Chairman: — FRANKLYN M. NEWMARK, M.D.,
Denver, Colorado

Co-Chairman: — T. REED MAXSON, M.D.,
Warrensburg, Missouri

A.M.

**9:00 ENVIRONMENTAL PROBLEMS AND THE ALLER-
GIST**

(Abstract No. 26)

WILLIAM D. McKEE, M.D.
Chief Allergy Department
Medical Clinic
Palo Alto, California



Dr. McKee

**9:30 EFFECTS OF AIR FILTERS ON AIRBORNE
PARTICLES AND ASTHMA**

(Abstract No. 27)

LEIZER MOLK, M.D.
Children's Asthma Research Institute and Hospital
Denver, Colorado



Dr. Molk

9:45 **A STANDARDIZED TECHNIQUE FOR INTRA-
DERMAL SKIN TESTING IN ALLERGY**

(Abstract No. 28)

MERLE S. SCHERR, M.D.
Medical Director, Allergy Rehabilitation
Foundation
Charleston, West Virginia
and
WILLIAM C. GRATER, M.D.
Baylor & Gaston Episcopal Hospitals
Dallas, Texas



Dr. Scherr

10:00 **RECESS**

Chairman: — HARRY R. WEIL, M.D.,
Milwaukee, Wisconsin

Co-Chairman: — CARL MARSH, M.D.,
Memphis, Tennessee

10:30 **"The Hound, the Bay Horse, and the
Turtle Dove"**

(Abstract No. 29 not available)

MAX SAMTER, M.D.
President
International Association of Allergology
Chicago, Illinois



Dr. Samter

11:00 **ARE NASAL POLYPS AN ALLERGIC PHE-
NOMENON?**

(Abstract No. 30)

IRVIN CAPLIN, M.D.
JOHN T. HAYNES, M.D.
JAMES G. SPAHN, M.D.
Indiana University School of Medicine
Indianapolis, Indiana



Dr. Caplin

11:15 PEDIATRIC ALLERGIST ON THE PROJECT HOPE

(Abstract No. 31)

LLOYD V. CRAWFORD, M.D.
Associate Professor
Chief of the Allergy Section
Department of Pediatrics
University of Tennessee
Memphis, Tennessee

11:30 INSULIN ALLERGY

(Abstract No. 32)

WILLIAM P. COLEMAN, M.D.
Ochsner Clinic
VINCENT J. DERBES, M.D.
Professor of Medicine and Director, Section of
Allergy and Dermatology
Tulane University
New Orleans, Louisiana
and
ERIC T. BROWN, M.D.
Clinical Asst. Prof., Dept. Pediatric Allergy
Louisiana State University, Baton Rouge, La.



Dr. Campbell

11:45 CHICKEN IN THE ROUGH

(Abstract No. 33)

M. BRENT CAMPBELL, M.D.
Don N. Sharp Memorial General Hospital
San Diego, California

12:00 NOON LUNCH

TERRACE ROOM

AFTERNOON SESSION

Chairman: —SAMUEL J. PRIGAL, M.D., New York, New York

Co-Chairman: —WILLIAM F. MITCHELL, M.D., Columbus, Ohio

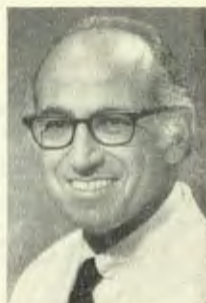
SYMPOSIUM: THE CLINICAL AND EXPERIMENTAL APPROACH TO EMULSIFIED OIL ADJUVANTS

P.M.

1:00 IS THERE A NEED FOR IMMUNOLOGIC ADJUVANTS?

(Abstract No. 34 not available)

JONAS SALK, M.D.
Fellow and Director
Salk Institute
San Diego, California



Dr. Salk

THE CLINICAL APPLICATION OF MINERAL OIL ADJUVANTS FOR ALLERGIC PATIENTS

(Abstract No. 35)

SAMUEL J. PRIGAL, M.D.
Associate Professor of Medicine
New York Medical College
Chief, Adult Allergy Services
Flower and Fifth Avenue and Metropolitan Hospitals
New York, New York

THE CLINICAL APPLICATION OF MINERAL OIL ADJUVANTS FOR INFLUENZA

(Abstract No. 36)

GORDON MEIKLEJOHN, M.D.
Professor of Medicine
University of Colorado School of Medicine
Denver, Colorado

THE CLINICAL APPLICATION OF INFLUENZA VACCINE IN ADJUVANT 65

(Abstract No. 37 not available)

MAURICE HILLEMANN, M.D.
Director of Virus and Cell Biology Research
Merck Institute for Therapeutic Research
West Point, Pennsylvania

2:00 RECESS

2:15 STUDIES OF OIL ADJUVANTS BY THE DIVISION OF BIOLOGIC STANDARDS

(Abstract No. 38 not available)

RODERICK MURRAY, M.D.
National Institute of Health
Bethesda, Maryland

EXPERIENCE IN THE USE OF OIL ADJUVANTS IN INFLUENZA VACCINE IN UNITED KINGDOM

(Abstract No. 39)

FRANK T. PERKINS, B.Fc., M.Sc., Ph.D.
Head of Division of Immunological Products Control
National Institute for Medical Research
London, England



Dr. Perkins

**TWENTY YEAR FOLLOW-UP OF INFLUENZA
VACCINE IN MINERAL OIL ADJUVANTS**

(Abstract No. 40 not available)

GILBERT W. BEEBE, Ph.D.
Division of Medical Sciences, National Research
Council
Washington, D. C.
A. HIRAM SIMON, B.A. (Authors)
and
STEFANO VIVONA, M.D.
Vice President for Research Grant Awards
Clinical Professor of Preventive Medicine
New York University
New York, New York
(Paper given by Dr. Vivona)



Dr. Vivona

SAFETY ASSESSMENT OF ADJUVANT 65

(Abstract No. 41 not available)

MAURICE HILLEMAN, M.D.
Director of Virus and Cell Biology Research
Merck Institute for Therapeutic Research
West Point, Pennsylvania

**THE MEANING OF MOUSE TESTS FOR CAR-
CINOGENESIS**

(Abstract No. 42)

LEON GOLDBERG, M.D.
Institute of Experimental Pathology
Albany Medical College
Albany, New York



Dr. Goldberg

ROUND TABLE DISCUSSION

HERBERT LEY, M.D., Chairman
Former Commissioner of the F.D.A.

Participants

Henry Simmons, M.D., Chief, Bureau of New Drugs
Mason I. Lowance, M.D., ASCORT
And all of the speakers and participants in the
Symposium

ADJOURN

ABSTRACTS OF PAPERS

with program identification number

No. 1

NEWER THERAPEUTIC AGENTS FOR THE TREATMENT OF ASTHMA

SAMUEL C. BUKANTZ, M.D.
New York, N. Y.

Little new has been added to the drug therapy of asthma since the advent of the adrenal steroid drugs in 1950. Failure to develop effective drugs results from a lack of understanding of the basic mechanism responsible for the asthmatic attack and the absence of a satisfactory animal model. During the past several years, the use of various immunosuppressive agents has been attempted with little success. More recently, disodium cromoglycate (cromolyn), a drug with a unique pharmacologic activity, was introduced in Great Britain. This drug appears to be useful in the prophylaxis of extrinsic asthma; it may have particular virtue for patients whose asthma is due to animal dander sensitivity.

Cromolyn presents the release of histamine and other mediators from target cells after they have been stimulated by an appropriate mediator releasing factor. A drug with similar properties, Hetrazan, has not been successful in clinical trial. The properties of these drugs and newer knowledge of the action of aminophyllin in the adenylyl cyclase system permit new speculation concerning the mechanics of the asthmatic attack. Recently, Canadian investigators have accidentally discovered that L-Dopa appears to be effective in the control of asthma. The data on which the above conclusions is based and the physiologic and clinical significance of the observations provide the basis of the presentation.

No. 2

THE HEART IN HUMAN ANAPHYLAXIS

LEO H. CRIEP, M.D.
Pittsburgh, Pa.

This paper will discuss our own experimental evidence of electrocardiographic changes observed in guinea pig and rabbit anaphylaxis *in vivo* and will review present available evidence of such changes *in vitro*. Two case reports will be presented. These show marked electrocardiographic changes in severe non-fatal anaphylaxis in man. The possibility that fatal anaphylaxis may be due to cardiac death will be discussed.

No. 3

COUGH IN ALLERGIC RESPIRATORY DISEASE

RALPH BOOKMAN, M.D.
Los Angeles, Calif.

Cough plays a major role in both the symptoms and the treatment of allergic respiratory disease. It is, nevertheless, a subject which has been neglected in both medical literature and in textbooks. Clinical experience over many years indicates that this neglect is seriously reflected in the diagnosis and symptomatic treatment of this complaint.

It is the intention of the author to organize and evaluate the subject of cough in allergic disease. Other causes of cough must first be removed from consideration before separating the various types. The different diagnostic and therapeutic dimensions of the productive cough and of the irritative cough as seen by the clinical allergist are demonstrated and the rationale of effective symptomatic therapy is discussed. The mechanics of such therapy are explained as are the serious consequences of improper therapy.

The complications of cough, as well as of its treatment, are stressed. The clinical allergist particularly should understand the management of cough not only because of its urgent aspects but also because his etiological approach to diagnosis and therapy will provide the most durable results.

No. 4

SUCCESSFUL MANAGEMENT OF PSEUDO-ALLERGIC CHRONIC COUGH BY CONDITIONING TECHNIQUES

H. CHAI, M.D., Denver, Colo., A. B. ALEXANDER, T. L. CREER, Ph.D.
R. R. deA. CARDOSO, M.D., D. R. MIKLISH, Ph.D., C. M. RENNE, Ph.D.,
and J. H. WEISS, Ph.D.

A 15-year-old boy was admitted to Children's Asthma Research Institute and Hospital (CARIH) because of a 14-month history of chronic, almost continuous cough. This had started suddenly and persisted until admission. Historically, the precipitants were a large variety of substances such as soap, hair spray, smell of meat, airborne allergens and shampoo. He apparently had positive skin tests to various antigens with a history of some nasal allergy and some ill defined episodes of wheezing.

He was treated prior to admission with a variety of anti-allergic drugs including steroids in order to attempt to control this cough without any effective result. He was examined a number of times and bronchoscoped without any diagnostic or therapeutic help.

On admission to CARIH, nothing abnormal was noted except for pulmonary function tests which were in excess of normal, perhaps due to his trombone playing. Skin tests were uniformly negative and for a period of a year he neither coughed nor had asthma. A challenge test to mecholyl was negative and the consensus was that the cough, which never had been noted at CARIH, was not allergic in origin. He returned home and within two weeks the whole syndrome had restarted necessitating a variety of ineffectual therapy. He was re-admitted to CARIH, re-examined and re-challenged to mecholyl on a double blind basis, always producing the characteristic cough when saline was the challenge and clearing up when mecholyl was the material used. Flow rates remained unchanged despite symptoms.

It was then decided to attempt to eliminate the symptoms by means of avoidance conditioning with a multiple baseline design. The results were dramatic. After five days of intensive therapy he was able to tolerate all his supposed allergens without difficulty; he has had no recurrence of any symptoms six months after returning home.

Details of the technique will be discussed. This relatively simple procedure is applicable to practice conditions and may be of great help in similar cases.

No. 5—Not available

No. 6—Not available

No. 7

GROUP THERAPY IN THE REHABILITATION OF THE SEVERE CHRONIC ASTHMATIC CHILD

ARMOND V. MASCIA, M.D. and SIDNEY R. REITER, Ph.D.
Valhalla, N. Y.

In the rehabilitation of the severe chronic asthmatic child in a residential treatment center, group therapy has been utilized as one aspect of the multidisciplinary approach. The goals of rehabilitation are to educate the child as to his asthma, make him independent and improve his self image.

We have attempted to study behavioral factors and help these children accept themselves through group therapy sessions. Both our psychological and social worker staffs are involved in this modality of rehabilitation. Since the promotion of any psychic tension will trigger asthma, we are experimenting with group psychotherapy in attempting to reduce emotional tension. In these sessions, our psychologist tries to elaborate on the kinds of problems relating to helplessness, usually provoked by impotent rage. A great deal of interpretation is necessary.

The asthmatic children also meet in groups with members of the social service department. Their approach is more with situational and surface interaction among themselves and the personnel. Not only problems in the hospital but also those at home are discussed. Frequently participants are very tough on each other. We have the distinct impression that these group therapy sessions are extremely valuable in the rehabilitation of the chronic severe asthmatic.

No. 8—Not available

No. 9—Not available

No. 10

ANIMAL MODELS OF IMMEDIATE-TYPE HYPERSENSITIVITY REACTIONS

BERNARD H. BOOTH, M.D. and ROY PATTERSON, M.D.
Chicago, Ill.

Reagin mediated responses are potentially lethal and consequently many studies of the basic pathophysiologic mechanisms cannot ethically be performed in humans. Various animal models with reagin-induced responses have been studied in the Northwestern University allergy-immunology laboratory. These models include dogs spontaneously sensitive to ragweed pollen, normal dogs passively sensitized with canine reaginic sera, monkeys passively sensitized with human sera, and both monkeys and dogs that are spontaneously sensitive to an antigen derived from *Ascaris suum*.

The unique advantages and disadvantages of each model have been determined. Numerous immunologic, physiologic and pharmacologic studies have been performed using these models.

No. 11

PRACTICAL METHODS OF EVALUATING PULMONARY FUNCTION

JOHN F. MURRAY, M.D.
San Francisco, Calif.

Respiration in humans has been subdivided into ventilation, distribution of inspired air, diffusion and pulmonary blood flow. The adequacy of each of these can be measured by specialized tests of lung function but no single test will give an overall assessment of the process. A complete evaluation requires a long study in a well equipped laboratory containing thousands of dollars worth of equipment and a highly trained technical staff.

Fortunately, many common pulmonary diseases affect ventilation which can be assessed in a few minutes with inexpensive, simple equipment operated by someone without special training. Measurements of vital capacity and rates of expiration (FEV_1 , $MEFR$, etc.) by a spirometer are useful in

the early detection and follow-up of patients with both obstructive and restrictive disorders of ventilation.

Tests for the distribution of inspired air (single-breath oxygen, nitrogen elimination rate) are more complicated but are useful in demonstrating that some parts of the lung are filling and emptying unevenly owing to the presence of focal lung disease.

Patients who have dyspnea of unknown origin, especially if tests of ventilation and distribution are abnormal, should have measurements of diffusing capacity. This test is useful in detecting pulmonary vascular disease, infiltrative lung disease and disorders with destruction of the alveolar-capillary membrane (e.g., emphysema).

No. 12

ALLERGIC ASPECTS OF THE DIZZY PATIENT

W. HUGH POWERS, M.D.
Los Angeles, Calif.

Inhalant and food allergies are the underlying cause of dizziness in some patients. Four types of dizziness problems suggestive of allergic etiology are: (1) episodic vertigo with normal hearing and negative neuro-otologic findings; (2) bilateral Meniere's disorder; (3) unsteadiness with normal otologic, vascular, and neurologic findings, and (4) the floating syndrome. Diagnosis of food and inhalant allergy is based on history, serial dilution titration, and provocative food skin tests. Because symptoms of cyclic allergy may vary depending upon the interval and quantity of food ingested, a history is difficult to elicit. A questionnaire dealing with extralabyrinthine symptoms of food allergy is used to identify the patients in whom allergy might play a part.

Treatment of inhalant and food allergies in 66 patients resulted in good control in two-thirds of the patients.

No. 13

IMPROVED TECHNIQUES IN VISUAL AIDS

JOHN M. CASEBOLT, M.D.
Albuquerque, N. M.

The objective of an audio visual presentation should be that of delivering the message more completely to the student. Unfortunately, in the past there have been lectures presented that have not utilized the audio visual techniques as thoroughly as they should have been. The preparation and planning of lecture slides will be discussed, including various modes of preparation, such as lantern slides, between the lens and meter of a 35mm. camera, the Kodak Visual maker and the Polaroid MP3 unit. There will be a discussion of tips and pointers for those presenting lectures to foster maximum utilization of the students' time.

No. 14

A SURVEY OF SERUM IgA DEFICIENCY

CECIL COLLINS-WILLIAMS, M.D., T., COMERFORD, M.D., R. NIZAMI, M.D.,
T. CHIU, M.D., C. LAMENZA, H. L. KOKUBU and E. VARGA
Toronto, Canada

Over the past four years we have surveyed serum IgA levels on 9,131 individuals—198 normal health children, 1,608 'healthy' school children, 7,261 ill hospitalized children, 35 siblings of the last group who had isolated serum IgA deficiency, and 29 parents of the same group. In this group we have discovered 25 individuals (24 children, one adult) with isolated absence of serum IgA, the IgG and IgM being normal or increased. Seven

of these are known to be healthy with no disease possibly attributable to IgA deficiency; 18 have illness, usually frequent infections, possibly attributable to IgA deficiency. Their secretory IgA's (parotid) have also been evaluated and compared with 100 children with normal serum IgA.

The literature on IgA deficiency, both serum and secretory, is reviewed and the implications of absent serum IgA discussed. Of the 25 patients, 12 had chromosome studies; no 18-ring forms were found. IgE determinations on 17 of the 25 sera are in progress.

No. 15

RESULTS OF A FIVE YEAR MULTIDISCIPLINARY STUDY OF CHILDHOOD ASTHMA

VINCENT J. FONTANA, M.D.

New York, N. Y.

One-hundred and eighty children were computer studied for asthma causation and a psychological profile of each was established by testing. Preliminary correlation study of the multifactoral data in the asthmatic children revealed some statistically significant biological, environmental and social interrelationships that may influence or predispose individuals to asthma. Analysis of psychological test data suggests areas of emotional conflict, which, while not necessarily specific for the asthmatic child, can serve as aggravating or trigger factors in the illness. The average asthmatic child rated low on overt expression of aggressivity and on acceptance of aggressive feelings, but relatively high in expression of aggression through fantasy material. They generally tended to view parental figures as rejecting and felt rather alienated as a group with poor defenses against stress.

Effect of tonsillectomy and adenoidectomy on the asthmatic syndrome was studied and it was shown that asthmatic children with tonsils and adenoids are more troubled with their disease, leading to the speculation that their presence may foster the asthmatic syndrome by histamine release from the leukocytes by the white cell-bound gamma E globulin upon antigen contact.

No. 16

PULMONARY AND ADRENAL EFFECTS OF ALTERNATE-DAY CORTICOSTEROID THERAPY

CONSTANTINE J. FALLIERS, M.D., HYMAN CHAI, M.D., LEIZER MOLK, M.D., and ROBERTO deA. CARDOSO, M.D.

Denver, Colo.

Although alternate-day corticosteroid therapy for asthma and other diseases has gained popularity recently, the exact relationship between such a schedule and adrenal, as well as cardiopulmonary rhythms, is not known.

Following a survey of 132 asthmatic children treated with prednisone both daily and q 48 hours for 6 months or more, a prospective investigation was undertaken to explore rhythmic variations in pulmonary and adrenal function in 30 patients treated with methylprednisolone on alternate days. The dose, given always in the morning, was regulated in order to (1) provide information on the maximal control of airway (reversibility) obstruction possible, and (2) establish the minimal effective dose (MED) below which severe relapses of asthma occurred. With such a flexible regimen, methylprednisolone was found to control asthma satisfactorily in all cases, at dosages ranging from 2 to 54mg q 48 hours. Only in two patients administration of the drug every day seemed preferable to the alternate-day program.

No significant side effects were noted following the institution of this regimen. On the average 24- and 48-hour rhythms of plasma cortisol were not found to be adversely affected by methylprednisolone, even after months of treatment. Pulmonary function measured with repeated spirometric, plethysmographic and helium dilution studies varied greatly.

Representative examples of such variability will be presented, including automatically recorded (by computer) graphs of peak expiratory flow (PEF) measured twice daily on all patients. While PEF fluctuated from below 20% to over 100% of predicted, there was no consistent 24- or 48-hour rhythm related to physiologic and pharmacologic periodicity. This was attributed to the effect of bronchodilator drugs which at MED levels of methylprednisolone seemed to be necessary for the control of asthma between doses. An effort is currently being made to establish MED levels of methylprednisolone with and without intermittent bronchodilators and to ascertain the relative merits of the two therapeutic regimens.

No. 17

PROBLEMS IN THE DIAGNOSIS OF ALLERGY TO THE HYMENOPTERA

HALLA BROWN, M.D.

Washington, D. C.

The classic case of anaphylaxis caused by the sting of a hymenopterous insect is now well recognized, and, in the average case, immunization proceeds without hitch. At both ends of this bell-shaped curve, however, are atypical cases, often a practical problem to the physician. Some of these problem cases encountered over the years and resulting from a sting include: fear of reaction; patients with negative skin tests; patients with negative skin tests but whose serum passively transfers the antibodies to a normal recipient; patients who present a history characteristic of serum sickness; patients who received intravenous stings; patients who suffered anaphylaxis from the first known sting or without any previous warning; patients whose response to successive stings appears inconsistent; patients who suffered a constitutional reaction after a delay of hours to days; patients who feel sick generally after every sting but who experience symptoms other than the classic ones of anaphylaxis, serum sickness, or allergy in general.

These cases will be considered in relation to known and theoretical mechanisms—type of antibody, pharmacologic mediator, psychopathology, etc. Practical suggestions as to how to determine the causative mechanism will be made.

No. 18

PRESENT STATUS OF THERAPY IN HYMENOPTERA STING SENSITIVITY

JAMES H. BARNARD, M.D.

New York, N. Y.

This report will present information regarding results in over 2000 treated and untreated cases of hymenoptera sting sensitivity when the patients have been restung. It discusses factors involved in fatal reactions to stings in comparison with severe reactions where the patient recovered. The value of skin testing is described. Other features will include the dosage problems and the importance of delayed reactions to stings and tests. Also, the importance of early emergency measures and the types of therapy in cases of hymenoptera stings will be presented.

No. 19—Not available

No. 20—Not available

No. 21

**AQUEOUS AND ORGANIC SOLVENT RAGWEED EXTRACTS:
A CRITICAL APPRAISAL**

DANIEL H. GOODMAN, M.D.

Phoenix, Ariz.

Many different types of extracting fluids have been introduced during the past 60 years with the hope of improving the *quality* of allergy extracts. There are currently three different types of allergy extracts commercially available: (1) aqueous extracts, (2) glycerol extracts and (3) Allpyral, a pyridine extracted aluminum hydroxide partially adsorbed product.

A critical study of water extracts leads to the following observations: (1) Only a small amount of the potentially extractable high molecular weight immunogenic fractions of ragweed pollen is possible with aqueous-electrolyte extracting fluids; (2) the *residual* water extracted *pollen grain* remains allergenic, immunogenic and contains significant amounts of antigen E which can be further extracted with organic solvents; (3) there are great variations in antigen E content among different commercial aqueous ragweed preparations; (4) approximately 15-20% of the dry weight of a buffered saline ragweed extract constitutes the high molecular weight fraction which contains antigen E (MW 38,000). The low molecular weight fractions, approximately 10,000 and less, constitute 80-85% of the dry weight of the extract, and (5) aqueous extracts deteriorate rapidly.

Allpyral is a pyridine extracted aluminum hydroxide partially adsorbed product. Approximately 25% of ragweed nitrogenous extractable material is adsorbed to the aluminum hydroxide precipitate. Approximately 75% of ragweed nitrogenous extractable material is discarded on separation from the precipitate. Allpyral, therefore, contains little active antigen. The immunogenicity and antigen E content of the final product have been questioned by competent investigators. Antibody levels with high dosage Allpyral therapy do not differ significantly from those of untreated control patients. Allpyral is not skin reactive when tested in sensitive persons. Allpyral contains residual pyridine nitrogen. The Biological Products Division of the U. S. Public Health Service states: "Products for which pyridine is used in manufacturing shall have no more residual pyridine in the final product than 25 micrograms per milliliter."

The advantages of organic-aqueous solvents including some of the newer aprotic organic solvents will be discussed.

No. 22

ANAESTHESIA IN THE ASTHMATIC PATIENT

ALVIN J. HARRIS, M.D.

San Francisco, Calif.

This paper will cover the pre-operative evaluation, induction of anaesthesia, handling of the problem of secretions and bronchospasm, and the essentials of postoperative care.

No. 23

**ASPIRIN SHOCK ASSOCIATED WITH BRONCHIAL ASTHMA AND
NASAL POLYPS: DIAGNOSIS, TREATMENT AND PROPHYLAXIS**

BERNARD T. FEIN, M.D.

San Antonio, Texas

Thirty cases of aspirin sensitivity were studied in detail from a group of 215 having bronchial asthma and nasal polyps. They were studied from 1955 to 1970. Of this group of 30 cases, 18 were females and 12 males. Average age at the onset of symptoms was found to be 27 years. There were 24 who had nasal polyps and 23 who had bronchial asthma. Eighteen were found to be sensitive to other drugs.

The study was made to classify the severity of reactions which showed

that 13 cases were mild, five cases were moderate and 12 cases were considered to be severe, having developed aspirin shock. A detailed report is given in regard to the diagnosis, treatment and prophylaxis of aspirin tolerance and shock.

No. 24

REACTIONS TO HIDDEN AGENTS IN FOODS, BEVERAGES AND DRUGS WITH CASE ILLUSTRATIONS

STEPHEN D. LOCKEY, M.D.
Lancaster, Pa.

The route of entrance of hidden drugs into the body in the form of excipients, vehicles, dyes, identification, flavoring, coloring, and preservative agents will be discussed.

The highly ingestant-sensitive patient is a particularly difficult problem in medical management where the need for medications necessitates the finding of medicaments which will not contain antigenic ingredients as part of the makeup of the medication prescribed.

To properly manage a highly ingestant-sensitive patient, it is therefore on occasions necessary to ascertain with as much accuracy as possible the specific substances used as excipients, vehicles, preservatives, coloring, flavoring and identification agents in the required medications.

Drug reactions now comprise a large segment of medical practice. In most instances the physician who prescribed the drug sees the reaction and can recognize its significance. In many cases, however, physicians are called upon to diagnose reactions produced by hidden drugs prescribed by others or present in proprietary preparations easily purchased over the counter.

By means of case histories, slides, charts and photographs, sensitization and cross sensitization to approved FD&C dyes, excipients, vehicles and preservative agents will be illustrated.

No. 25

EMPHYSEMA FROM CHRONIC RESPIRATORY OBSTRUCTION IN SEVERE INTRACTABLE ASTHMATIC CHILDREN

ROY F. GODDARD, M.D.
Albuquerque, N. M.

In 1961 we brought to the attention of the College, the importance of early recognition and treatment of pre-emphysema in children. A follow-up of some of the original cases presented in our 1961 paper was given at the 1968 meeting; last year we theorized that chronic obstructive pulmonary disease in asthmatic children does lead to emphysema.

The present paper will present four cases of proven emphysema in asthmatic children dying at the ages of 3, 5, 8, and 26 years. A correlation of the clinical-physiological-pathological data will be reviewed with emphasis on the mechanisms involved in the physiological-pathological deterioration of the intractable asthmatic child, leading to the unequivocal destruction of lung tissues and final emphysema.

We can conclude (using Thurlbeck's definition that emphysema is "an abnormal permanent enlargement of structures distal to the terminal bronchiole, accompanied by destructive change"), that chronic obstructive disease in asthmatic children does indeed lead to emphysema. Further emphasis will be placed on the prevention of emphysema formation, by adequate treatment and management of the severely intractable asthmatic child.

No. 26

ENVIRONMENTAL PROBLEMS AND THE ALLERGIST

WILLIAM D. McKEE, M.D.
Palo Alto, Calif.

Many allergic diseases are aggravated by atmospheric pollution. The problem is the result of excessive automotive and industrial emissions in a limited air space. The impact of increasing population, urbanization and standard of living threatens further to increase this and other pollution problems. Understanding and control of atmospheric pollution should be the goal of all allergists.

Solutions to these problems involve a number of factors which will be discussed. Population stability, legislation controlling and taxing polluters, and technological innovations are all important. The magnitude of the problem will be emphasized and methods in which individual physicians may work to find solutions will be presented.

No. 27

EFFECTS OF AIR FILTERS ON AIRBORNE PARTICLES AND ASTHMA

LEIZER MOLK, M.D. and FRANCES PALMER
Denver, Colo.

The effect of air filters on the ambient air and on the course of bronchial asthma in children under normal living conditions was studied at the Children's Asthma Research Institute and Hospital, Denver, Colo.

No clearcut improvement in the asthma could be demonstrated under these circumstances, and the reasons are discussed.

An electrostatic and a high efficiency particulate air filter type of mechanical filter were compared as to their effects on the ambient air and control of asthma. No difference in their effects could be demonstrated.

No. 28

A STANDARDIZED TECHNIQUE FOR INTRADERMAL SKIN TESTING IN ALLERGY

MERLE S. SCHERR, M.D., and WILLIAM C. GRATER, M.D.
Charleston, W. Va. and Dallas, Texas

The lack of a standard method of evaluating the atopic potency of allergenic extracts has made it difficult for different investigators to compare their work. The committee spent several years studying various techniques and instruments in an effort to find a reproducible method. A procedure is described which uses Hamilton microliter syringes and a histamine control, and which gives both a mathematical and a visual permanent record.

No. 29—Not available

No. 30

ARE NASAL POLYPS AN ALLERGIC PHENOMENON?

IRVIN CAPLIN, M.D., JOHN T. HAYNES, M.D., and JAMES G. SPAHN
Indianapolis, Ind.

Nasal polyps which are seen frequently in allergic diseases of the respiratory tract are also seen in patients where no allergy is found. The incidence of nasal polyps in our patients suffering from respiratory allergic disease is less than one per cent. Nasal polyps were also seen in patients in whom no extrinsic allergy could be found, in the aspirin sensitive asthmatic, and in children with cystic fibrosis of the pancreas. We have also seen a patient with Peutz-Jaeger's syndrome with nasal polyps and also have two patients who have not only nasal polyps but also intestinal polyposis.

Although this study is not conclusive, it would certainly seem that there must be some underlying mechanism other than allergy which we feel acts as a trigger mechanism to account for the development of nasal polyps. The fact that chronic nasal allergy produces this so infrequently, aspirin sensitivity so frequently, and the frequency with which it is seen with cystic fibrosis certainly points to some underlying connective tissue or extracellular phenomenon which leads to the development of polyps.

No. 31

PEDIATRIC ALLERGIST ON PROJECT HOPE

LLOYD V. CRAWFORD, M.D.

Memphis, Tenn.

Staffed by U. S. medical personnel, Project Hope participates in the development of emerging nations by elevating the health standards through education. Hope operates on the principle of helping people to help themselves by education on a people-to-people basis.

The present mission will be working with the University of the West Indies and the Kingston Public Hospital. This paper will discuss the experience of an allergist on Project Hope.

No. 32

INSULIN ALLERGY

WILLIAM P. COLEMAN, M.D., VINCENT J. DERBES, M.D., and
ERIC T. BROWN, M.D.

New Orleans, La.

While taking insulin, two diabetic patients developed generalized urticaria and angioedema. Both had positive direct skin tests to beef and pork insulins and negative tests to beef and pork antigens. Neither had evidence of insulin resistance. IgE antibodies are presumably responsible for the allergic manifestations in these instances.

No. 33

"CHICKEN IN THE ROUGH"

M. BRENT CAMPBELL, M.D.

San Diego, Calif.

A film was made of several small boys with tension-fatigue syndrome on the basis of food allergy. The film depicts their status prior to the eating of this food, while they were eating, and subsequent film covers the reactions which they had after eating the food.

The film is a semi-professional job titled 'Chicken in the Rough' since one of the boys was allergic to chicken and he is shown eating chicken during the movie. The movie shows some of the choreic-like movements, the restlessness and the fatigue symptoms in these children. As no sound tape for the film is yet available, the author will narrate it.

No. 34—Not available

No. 35

THE CLINICAL APPLICATION OF MINERAL OIL ADJUVANTS FOR ALLERGIC PATIENTS

SAMUEL J. PRIGAL, M.D. and DONALD SHAPIRO

New York, N. Y.

This ten-year study of the clinical use of emulsified allergens concerns itself with the safety of the repository procedure. A total of 8870 emulsified

injections were given to 509 patients, mostly adult asthmatics. **Systemic reactions** occurred 28 times (0.32%). Outstanding was the absence of any major systemic reaction requiring medical intervention; reactions were mild and responded to self-medication with antihistamines. The routine treatment of pollenosis, with few exceptions, consisted of two relatively small doses, a priming and a booster dose (500 and 1,000 PNU) given approximately one month apart, the last one about one month before onset of pollenation. Emulsions of dust were given only every three months. The severity of the systemic reactions using the conventional method were in sharp contrast to those encountered when a single large dose (2500 PNU) was given in the first year of study. The emulsions were monitored for safety with the FeCl₃ spot test.

Total **local reactions** were 151 (1.7%) and comprised: Transient nodules, 125, cysts, 4, persistent nodules, 13, granulomata, 2, and abscess, 7. The granulomata were removed surgically against advice and histological studies will be demonstrated. The reasons for the delayed reactions (one to three months after injection) can be explained on the basis of a biphasic inflammatory reaction with a secondary inflammatory response as demonstrated in rats. Most likely that is produced by metabolites of a slow mineral oil catabolism.

The local inflammatory reactions in patients responded remarkably to local injections of steroids. This probably can prevent persistent nodules and granulomata. Only an occasional patient demonstrated continued local reactions requiring discontinuing of treatment; most showed only periodic reactions.

It was concluded that emulsified allergens properly prepared and monitored by the spot test were safe, producing only minor systemic reactions. The local reactions, although more frequent, are treatable medically. Improved adjuvants offer the possibility of their reduction or complete elimination, making the repository procedure a major advance in immunotherapy.

No. 36

THE CINICAL APPLICATION OF ADJUVANTS FOR VACCINATION AGAINST INFLUENZA

GORDON MEIKLEJOHN, M.D.
Denver, Colo.

Adjuvant influenza vaccines containing mineral oil and arlachel-A produced an antibody response of considerably greater magnitude and longer duration than aqueous vaccines. They have been shown to provide a high degree of protection and have considerable promise of providing greater protection than aqueous vaccines currently in use. They have, however, not received widespread acceptance because of concern about local reactions at the injection site and possible harmful long term effects. Vaccines prepared with other adjuvants deserve further study. Data dealing with these problems will be reviewed and discussed.

No. 37—Not available

No. 38—Not available

No. 39

THE EXPERIENCES IN THE UNITED KINGDOM IN THE USE OF OIL ADJUVANT INFLUENZA VACCINE

FRANK T. PERKINS, Ph.D.
London, England

In 1964 emulsified influenza vaccines were released for widescale use. Throughout 1964 and 1965, about 1.3 million doses had been given before reactions began to be reported. The incidence of reactions was not asso-

ciated with manufacturer or batch but some of the reactions were quite severe. Attempts to simulate reactions in experimental animals have failed and the findings of animal tests will be discussed.

No. 40—Not available

No. 41—Not available

No. 42

THE MEANING OF MOUSE TESTS FOR CARCINOGENESIS

LEON GOLBERG, M.D.

Albany, N. Y.

Since the preferred mode of administration of vaccines to man involves subcutaneous injection, use of the same route is desirable in tests of carcinogenic potential carried out in rodents. Such tests, however, may pose serious problems of interpretation when assessment of carcinogenicity is based entirely on times of appearance and yields of tumors at the injection site and elsewhere, and histological classification of the neoplasms. The reasons for these difficulties will be outlined and an indication given of the procedures by which safety to man may be established in the case of vaccines and their components.

ABSTRACTS OF PAPERS READ BY TITLE

(The following papers could not be included in the program because of lack of time.)

No. 43

MINIMAL CEREBRAL DYSFUNCTION IN ALLERGIC CHILDREN

CHARLES W. EWING, M.D.
Houston, Texas

A group of preschool and school age children who had been evaluated by a private clinic and an institutional neurological clinic for minimal cerebral dysfunction was surveyed for allergic history symptoms and signs of allergic disease. Skin tests were performed on all patients reported.

The diagnosis of minimal cerebral dysfunction is discussed briefly. A comparison of tension-fatigue syndrome and minimal cerebral dysfunction syndromes is also presented.

No. 44

ENT SURGERY ON THE ALLERGIC PATIENT

SYLVESTER C. MISSAL, M.D.
Cleveland, Ohio

The otolaryngologic patient afflicted with allergy who requires surgery presents a common problem to the general allergist and the otolaryngologist. The presentation discusses the role the allergist plays in the selection of patients for the operation, pre- and postoperative care, and in the general management of the patient. The otolaryngologist's role in the performance of the surgery and the precautions he must take are also reviewed. Benefits to be gained from surgery and the limitations upon results which should be anticipated are enumerated.

No. 45

THE PREVENTION OF DEATH FROM ACUTE DRUG REACTIONS

THOMAS G. JOHNSTON, M.D.
Little Rock, Ark.

The purpose of this paper is to review some of the concepts in preventing and treating acute drug reactions. It includes a discussion of the diagnosis and symptomatology, as well as the etiology of drug reactions. The subject is important, not because of its frequency but because of the severity of reactions. The quicker the reaction from a drug, the more severe it is apt to be. In other words, reactions coming on within a few minutes of administration are usually very severe and sometimes fatal. By following suggestions for prophylaxis and by prompt and proper treatment, some of these deaths can be prevented.

No. 46

ALLERGIC COLITIS

STANLEY L. GOLDMAN, M.D.
Kansas City, Mo.

Eleven patients in a practice of predominantly allergic individuals with other major allergies were found to have rectal itching, rectal mucous and similar complaints frequently of long standing.

Method of investigation consisted of discussions with patients (all had been worked up for other allergic situations) who reported this finding, followed by working with known positive skin tests. If the method failed, food diaries, eliminations and the Row diets were instituted. It was relatively simple then to pinpoint the offending factors, following which

avoidance and/or provocative feeding of these foods produced the symptoms. In all instances, various percentages of eosinophilia were found after staining and examination by microscope, and foods were incriminated using elimination diets and/or food diaries.

No. 47

ALLERGIC HEADACHES AND ALLERGIC HEADACHE SYNDROMES

MARSHALL MANDELL, M.D.
Norwalk, Conn.

During the past five years the author conducted an ecologically oriented investigation of approximately 250 patients suffering from a representative sample of the usual types of reversible non-organic forms of head pain. In the course of the study it was repeatedly demonstrated that patient-specific altered reactivity to a large number of previously unsuspected extrinsic substances (in foods, water and the atmosphere) was responsible for many typical episodes of cephalgia.

Diagnostic clues were elicited from detailed medical histories and experimental challenges (intracutaneous, hypodermic and sublingual) were performed with test materials prepared from suspected and possible incitants. Seventy-five to 95 percent of the tests evoked episodes of cephalgia and 50-80 percent of the naturally occurring hypersensitivity headaches seen in the author's office were relieved (neutralized) by administering allergenic extracts and chemical solutions of the specific reaction-inducing materials in very low concentrations.

Provocation and neutralization are simple and safe techniques for making an accurate etiologic diagnosis by providing a reproducible cause-and-effect relationship among specific environmental offenders and the appearance and/or relief of allergic symptoms or syndromes that may localize in many anatomic regions and body systems.

No. 48

AUTOMOBILE EXHAUST HYDROCARBONS AS A CAUSE OF RESPIRATORY ALLERGY

HARRIS HOSEN, M.D.
Port Arthur, Texas

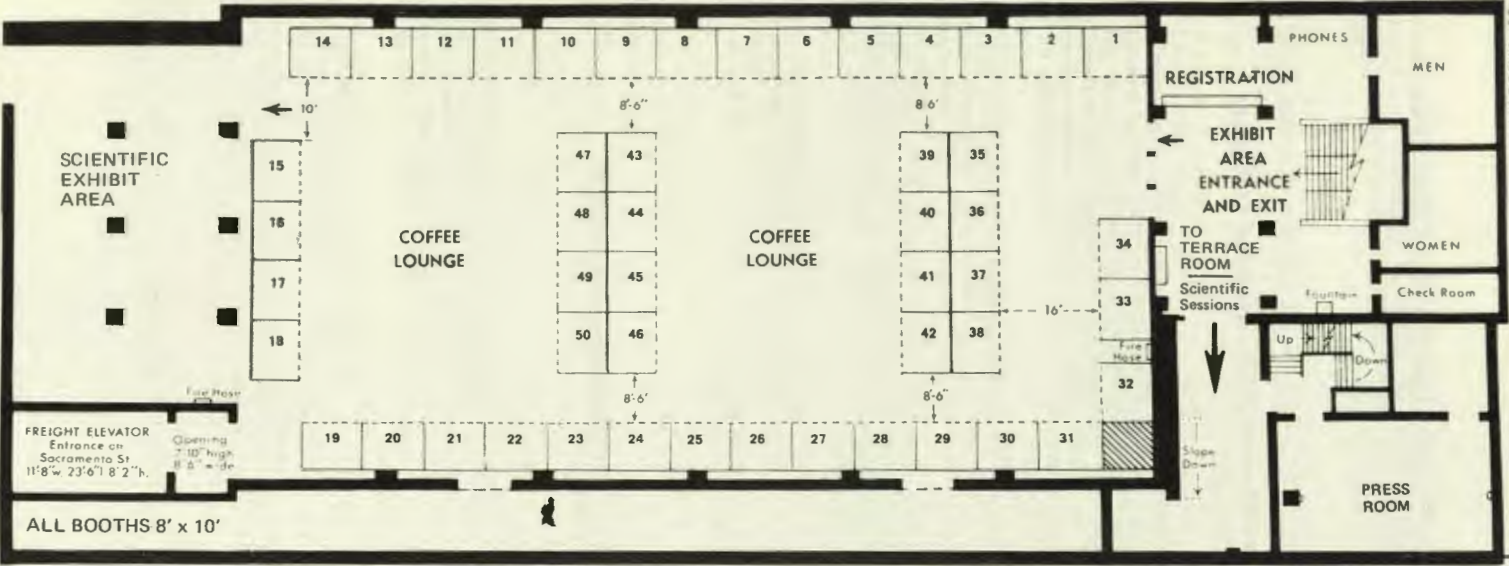
Two hundred patients with perennial respiratory allergy were exposed directly to active automobile exhaust hydrocarbons by allowing the patient to sit with his face within inches of the exhaust pipe for one minute or less. If a reaction evidenced by objective symptoms did not occur within five minutes, the test was considered negative. Thirty (15%) of the 200 patients tested had a positive reaction.

Provocative sublingual or parenteral provocative subcutaneous tests were then done on the 30 reactors with a concentrated extract made from automobile exhaust hydrocarbons. Provocative sublingual tests on the 30 were positive in 27 instances, simulating symptoms produced by the provocative exposure or nasal tests. Two cases with negative sublingual tests reacted with objective symptoms to parenteral provocative subcutaneous tests; one was negative to both sublingual and provocative subcutaneous tests.

Specific therapy by multiple injection technique on the 29 cases that reacted proved that these patients eventually reached a state of excellent immunity, and 50% of the patients under therapy attained an enviable state of desensitization after therapy.

POWELL ST

CALIFORNIA ST



GRAND BALLROOM-EXHIBIT AREA FLOOR PLAN
 FAIRMONT HOTEL AND TOWER
 SAN FRANCISCO

Scientific Exhibits

These exhibits were carefully selected by the Subcommittee on Grants and Awards of the Scientific and Educational Council because of their educational value and their contributions to the advancement of medicine, and in particular the practice of allergy.

Scientific exhibits are not intended to promote the sale of any drug, device, textbook or service; in fact, exhibitors are advised that such use thereof is unethical and prohibited. Whenever displays or signs are used that refer to the commercial product of any particular company, such reference must be by its generic name; **brand names are not to be used.**

The use of literature or other "give away" material in a scientific exhibit is permitted unless obviously designed as a promotion for a commercially branded product. If we feel the material used exceeds the limits of ethical propriety and good taste we reserve the right to remove it from the Exhibit Hall. **Failure to comply with any of the above rules will be cause for removal of the exhibit without recourse.**

ELOI BAUERS

Executive Vice President

ALLERGIC CONTACT DERMATITIS IN SURGICAL PATIENTS AND PERSONNEL

The exhibit contains outstanding 8 x 10 colored illustrations of contact dermatoses which may be produced as a result of surgery or as a result of medications used before, during or after the surgical procedure. These illustrations are accompanied by full descriptions.

Both patient and surgical personnel are exposed to many contact allergens, including antiseptics, topical medications, local anesthetics, adhesives, metallic and rubber commodities. A patient sensitive previously or previously non-sensitive may subsequently react with a contact-type dermatitis when exposed to these allergens.

Claude A. Frazier, M.D.
Asheville, North Carolina
Alexander A. Fisher, M.D.
New York, N. Y.

ALLERGY FOUNDATION OF AMERICA

A new concept in tabletop design describes the purposes and programs of the Foundation, the extent of the allergy problem, public and patient education materials, with some emphasis on pollen and insect sting allergy problems. Samples of all patient educational pamphlets will be on display and available to those who wish them. The Foundation's national office is located at 801 Second Avenue, New York, New York 10017.

BRONCO JUNCTION—REHABILITATION SUMMER CAMP FOR ASTHMATIC CHILDREN—1970 THIRD SEASON RESULTS

BRONCO JUNCTION opened its third eight-week summer session on June 21, 1970 as a co-educational camp for 38 male and 20 female asthmatic campers between the ages of 5½ years and 16 years from 17 states. The camp is sponsored by Allergy Rehabilitation Foundation, Inc., a non-profit, tax exempt orga-

nization. BRONCO JUNCTION is situated near Charleston, West Virginia on 176 acres of rolling meadows and woodlands which form the background for a rustic "old time mountain railroad town." A narrow gauge operating railroad connects all major centers of camp activity, and the campers live in comfortable air-conditioned railroad bunk cars. There were 20 visiting allergists including seven allergy Resident/Fellows who spent one or two weeks at BRONCO JUNCTION during the eight-week session. Medical-allergy treatment, physical conditioning and camping activities under constant medical supervision assisted to prepare these children for normal physical and emotional development.

All asthmatic campers demonstrated reduction in severity and number of attacks of asthma. Benefits of the program were determined through measurements of effectiveness in terms of (a) change in physical condition including pulmonary function studies, (b) utilization of hospital services, physician services and drugs, and (c) psycho-social behavior. The camp is affiliated with several medical schools and Resident/Fellow training hospitals, and has an outstanding board of national medical consultants who oversee the general program. BRONCO JUNCTION is the first rehabilitation camp in the United States exclusively for asthmatic children and its success in part has been due to the contribution of services from allergists throughout the United States.

Merle S. Scherr, M.D.
Medical Director
Allergy Rehabilitation Foundation, Inc.
Attending Physician, Allergy Service
Charleston Memorial Hospital
Charleston, West Virginia

CORTICOSTEROID THERAPY IN ALLERGIC DISEASES: THREE PRONGED APPROACH

The immunosuppressive effect of the corticosteroids have been found useful possibly by limiting the antibody response with resultant decreased reactivity to the specific antigen. The beneficial effects and adverse reactions of the corticosteroids are a function of the dosage and duration of treatment. The purpose of the exhibit is to summarize a three-pronged approach of the corticosteroids in the management of allergic disorders. The study will describe the rationale, indications and results obtained with (1) the oral administration of a reducing dose regimen in 50 patients with pollen hay fever; (2) the efficacy of daily dosage compared with alternate day therapy (ADT) in 40 ambulatory asthmatic patients; and (3) the therapeutic effectiveness of a single intramuscular injection of methylprednisolone in the management of 25 patients with chronic reversible asthma.

Therapy with the corticosteroids does not obviate the need of

a complete detailed history and allergic survey including examination of the nasal mucus membrane and passages, chest examination and laboratory studies. The corticosteroids may ameliorate the symptoms, but are not a cure. They have no effect on the causal agents, and do not replace conventional allergic management.

Our conclusions will summarize the judicial use and rationale of the three dosage forms of methylprednisolone in the management of the allergic patient.

Jerome Miller, M.D.
Cynwyd, Pa.

MAN VERSUS ARTHROPODS

This exhibit described selected reactions to insects and arachnids that occur in the human host. These reactions fall into three groups: 1) Toxic, 2) Allergic, 3) Mixed or Unknown. Also discussed are scientific efforts to prevent attack by inimical arthropods.

Committee on Cutaneous Health and Cosmetics
of the American Medical Association

MEDIC ALERT FOUNDATION INTERNATIONAL Turlock California

This exhibit is presented to stimulate professional awareness of the Medic Alert emblem. It also emphasizes the need for the medical profession to urge patients with allergies or other medical problems to wear a Medic Alert emblem. The function of the Foundation's 24-hour computerized Central Registry available free of charge to persons administering medical care to Medic Alert members in an emergency is also explained.

RHINOSPIROMETRY EXPERIENCES WITH A NEW METHOD

Novel equipment which permits measurement of nasal or single nostril inspiratory air flow at a preselected pressure is demonstrated. Measurements are displayed which have been done: before and after use of oral or topical nasal decongestants; before and after nasal surgery; and before and after direct intranasal challenge with pollen extracts.

William J. Sayer, M.D., F.A.C.A.
900 Welch Road, 101
Palo Alto, California 94304

A SIMPLE TECHNIQUE FOR ASSAYING ALPHA₁-ANTITRYPSIN ACTIVITY

Detection of qualitative in addition to quantitative serum alpha₁-antitrypsin deficiency is essential in hereditary emphysema. The present methodology is cumbersome. A simple, rapid, semi-quantitative technique, based on the ability of alpha₁-anti-

trypsin to inhibit trypsin digestion of denatured fibrinogen in agar plate has therefore been developed.

Details of the method will be illustrated. Results will be presented in graph/scattergram format, together with the findings obtained with the present standard methods of determination. Inhibitory activities range from 0 to 3% in homozygotes, the average being 1.75%; 0 to 9% with an average of 2.81% in heterozygotes; and 8 to 30% with an average of 14% in normal sera.

Thus, it would appear that this simple technique can easily distinguish normal individuals from both the homozygotes and heterozygotes, although not as readily separate the latter two groups from one another.

Guillermo V. Villacorte, M.D.
M. Eleanor Mischel
Robert G. Townley, M.D.
Department of Pediatrics
Creighton University School of Medicine
Omaha, Nebraska

THE TENSION FATIGUE SYNDROME

The Tension Fatigue Syndrome, also referred to as Allergic Toxemia, is a syndrome known to and accepted by most pediatric allergists, but more often unknown to or not accepted by allergists whose practice is chiefly with adults. It is usually due to food rather than inhalant allergy. Milk and chocolate allergy are among the commonest causes. The exhibit will make these points, and cite support for them from case material, medical journals and textbooks.

William C. Deamer, M.D.
Oscar L. Frick, M.D.
Department of Pediatrics
University of California School of Medicine
San Francisco, California

THE THERMISTOR NASAL AIRFLOW METER

The nasal airflow meter measures the amount of air flowing through each nostril during inspiration and expiration. The cooling of the machine's thermistor (cooling is proportional to airflow) causes a deflection of the stylus which records on graph paper. The area under the curve is proportional to nasal airflow. This very simple technique is objective and, therefore, more scientifically acceptable than the usual method of evaluating antihistamine-decongestant combination by symptomatic questionnaire or observations by clinical examination.

Ten patients with nasal congestion were evaluated by this technique in a double-blind study using a time-released capsule containing chlorpheniramine 8 mg., phenylephrine 20 mg., methscopolamine 2.5 mg., and an identical placebo.

The exhibit will show the machine and technique as well as tracings and interpretations demonstrating the results.

Irwin M. Lichtenstein, M.D.
Tuckahoe, New York
James DiBenedictis, M.D.
(Principal Investigator)
University of Pennsylvania, School of Medicine
and Dept. of Allergy, Graduate Hospital
Philadelphia, Pa.

Technical Exhibits 1971

We are advised that Mr. Ken Shaw, Breon Laboratories, Inc., has been appointed M.E.A. Field Liaison Committee Chairman for this meeting. Prior to its close Mr. Shaw will poll all of the other exhibitors to learn their reactions before making a determination as to the value of this meeting, and reporting thereon to the Medical Exhibitors Association, Inc.

A MESSAGE FOR ALL TECHNICAL EXHIBITORS

In past years we have frequently told our exhibitors, if any problems arise, and it is inevitable that some will arise during the three days of this exhibit that could not have been anticipated before the exhibit opened, please contact the undersigned immediately. You may reach me by leaving word at the Registration Desk for me to call you. Once I know what the problem is you have my unqualified assurance that every effort will be made to find a prompt and satisfactory solution.

We meet each year in a new location and under vastly different conditions, so we respectfully ask our exhibitors and in particular the exhibit personnel to be reasonably patient when problems arise and to please keep in mind that ours is a once-a-year job that must be performed in relatively unfamiliar surroundings. This is not intended as an excuse for any failure on our part to face up to our responsibilities . . . something we strive seriously to do and to the best of our ability . . . for we realize that we have the responsibility of cooperating fully with our exhibitors in the solution of any and all problems that may arise.

Eloi Bauers
Executive-Vice President

ACE ELECTRONICS ASSOCIATES, INC.
MEDICAL INSTRUMENTS DIVISION
Somerville, Massachusetts

BOOTH 12

Ace Electronics Associates, Inc., Medical Instruments Division, introduces the HUMIDITRON® combination air purifier-humidifier for bronchial asthmatics and allergic patients.

A centralized speed-controlled blower draws room air through the precipitator where air-polluting impurities are filtered and collected by means of solid-state electronic circuits.

Purified air is expelled through the moisturizer pre-set to automatically control the level of humidity.

Distributed through medical supply dealers.

AIR PURIFICATION DIVISION
of
Air Conditioning ENGINEERS
Chicago, Illinois

BOOTH 50

Distributor of Air De-Pollution products manufactured by Air De-Pollution, Inc. and corollary air pollution control equipment. Will display and have operating MOUNTAIN FRESH-HOS-

PITAL PURE Automotive and Room Air Purifiers (Air De-Pollution Units) that generate *no OZONE* and provide the air for a very low—solid and chemical—contaminant level environment for the ALLERGY patient and others with respiratory problems (including the cardiac patient).

New MOUNTAIN FRESH-HOSPITAL PURE convertible Air Cleaners that generate *no OZONE*, and *priced competitively* to Electro-Static (OZONE generating) Air Cleaners, will be displayed and operating. These Air Cleaners are as effective on solid contaminant removal as the Electro-Static Air Cleaner and in addition have a standard Activated Charcoal filter for reduction of chemical contaminants. These MOUNTAIN FRESH-HOSPITAL PURE Air Cleaners may be up-graded initially (or at a later date) to provide the heavy duty odor removal provided in the MOUNTAIN FRESH-HOSPITAL PURE Air Purifiers (Air De-Pollution Units) by adding the optional Coconut Shell Activated Charcoal filters and PURAFIL® filters.

Technical assistance in providing low Air Pollution areas for Allergy patients will be provided.

ALLERGEN-PROOF ENCASINGS, INC.
Cleveland, Ohio—Windsor, Ontario, Canada

BOOTH 21

Since 1935 our products have been sold only on physician recommendation. We cover the major causes of household dust with a complete line of durable, washable encasings for mattresses, box springs, and pillows.

We show samples of our literature available to doctors without charge. Included is our instructional series "Avoidance of House Dust and Feathers," a patient education aid designed to assist doctors in the explanation of causes and effects of household allergies and dust sensitivity.

ALLERGY LABORATORIES OF OHIO, INC.
Columbus, Ohio

BOOTH 34

Allergy Laboratories of Ohio, Inc. is proud to present our products and services to the Allergists. You are cordially invited to visit with our representatives and discuss our uniformly dependable Allergenic Extracts and Allergy Office Supplies available from our laboratories.

BECTON-DICKINSON
Rutherford, New Jersey

BOOTH 45

Becton-Dickinson will feature the new PLASTIPAK Allergist Tray . . . 25 special disposable syringes with built-in needles that virtually eliminate the "bubble" problem. Syringes are packed

sterile in two nested trays with one peel-off cover. Also, visitors to the B-D booth can see the rest of our PLASTIPAK™ line of disposable syringes and needles and our Destruction Oven for final destruction of hypodermics. We will demonstrate our DESTRUCLIP™ Hypodermic Safety Device and our SCF™ Swab Dispenser.

BERKELEY BIOLOGICALS

BOOTH 25

Berkeley—Anaheim—Houston

Berkeley Biologicals cordially invites you to drop by and visit with our representatives. We will be happy to answer any questions about our products and special services, including our Pollen Aerobiology Service, and pollen identification.

bird CORPORATION

BOOTH 29

Palm Springs, California

The bird® Corporation will have qualified and experienced personnel to answer your questions about all bird Respirators. On display will be the bird MARK 7® for hospital use with compressed air or oxygen; also the all-new 1971 PORTABIRD Respirator for home or office use. The PORTABIRD is a very lightweight portable respirator, self-contained, filtered air supply and intermittent nebulization—with only two simple controls to adjust—pressure and FLOWRATE.

BREON LABORATORIES, INC.

BOOTH 3

New York, New York

Breon Laboratories, Inc., presents a full line of products for the care of patients with chronic obstructive pulmonary diseases. Included are BRONKOMETER, the Beta₂ Aerosol; BRONKOSOL, the Beta₂ Solution; BRONKOTABS, BRONKOTABS-HAFS, BRONKOLIXIR and BRONKEPHRINE. Supplying a variety of formulas, dosage forms and actions, these products offer both prophylaxis and therapy, in chronic or acute conditions, to all ages. Breon personnel will gladly discuss specific products and therapies with you.

BURROUGHS WELLCOME CO.

BOOTH 33

Research Triangle Park, North Carolina

You are cordially invited to visit us at Booth 33 for information on our products and the newest developments from the research facilities of Burroughs Wellcome Co.

CENTER LABORATORIES, INC.
Port Washington, New York

BOOTHS 35 and 36

We of Center Laboratories welcome College members to visit our Booths 35 and 36 and discuss "Complete Allergy Service." A trained staff of representatives will be in attendance to discuss the products and services of our Company. Products displayed will include our entire line of stable, potent and biologically specific diagnostic and therapeutic allergenic extracts. Also on display will be a complete line of office and laboratory accessories. You may wish to inquire about Center Laboratories' "Personalized Service."

COCA-COLA USA
Atlanta, Georgia

BOOTH 18

Ice-Cold COCA-COLA served through the courtesy and cooperation of the San Francisco Coca-Cola Bottling Company and Coca-Cola USA.

COMBINED INSURANCE COMPANY OF AMERICA
Chicago, Illinois

BOOTH 13

COOPER LABORATORIES
Bedford Hills, New York

BOOTH 39

Cooper Laboratories is proud to present to members of the College the products SUS-PHRINE and ELIXOPHYLLIN. Our representatives cordially invite you to discuss these and other Cooper products of everyday importance to the allergist.

DOME LABORATORIES
West Haven, Connecticut

BOOTH 2

You are cordially invited to visit our exhibit to discuss the latest developments in hyposensitization and environmental control for your allergic patients. Our executive and scientific personnel will be available to answer your questions.

DUKE LABORATORIES, INC.
South Norwalk, Connecticut

BOOTH 20

Duke Laboratories, Inc. will display ELASTOPLAST Bandages and Unit Dressings; TECTO, a protective emollient cream; AQUAPHOR, an ointment base; NIVEA CREME, NIVEA SKIN OIL, and BASIS SOAP—"the prescriber's cosmetics"; ELASTO-PATCH for skin tests; and MELLOBATH, a water-dispersible oil for the bath.

FERNDALE LABORATORIES, INC.
Ferndale, Michigan

BOOTH 37

Pharmaceuticals specifically designed for the allergists and plans for the 1971 Medical Traveling Seminar.

FLEMING AND COMPANY
St. Louis, Missouri

BOOTH 17

Let us discuss mold control in the home with IMPREGON CONCENTRATE that inhibits 54 micro-organisms and fungi, a truly effective manner to help the asthmatic patient.

ECTASULE MINUS—our new timed release ephedrine capsules without a sedative are now available and stop nasal secretions for the "hard hats" and students who can't take antihistamines and/or sedatives. Here's an adjunct for every allergist.

AEROLATE & EXTENDRYL & PIMA are reminders you may want refreshing on.

GREER LABORATORIES, INC.
Lenoir, North Carolina

BOOTH 43

Greer Laboratories offers to the qualified allergist a most complete line of allergenic extracts, diagnostic and therapeutic, and related products and services. We offer reasonably priced products, personal attention to your individual requests, knowledgeable background and good service. To the allergist or clinic manufacturing extracts we maintain inventories of quality source materials for extraction, both pollen and non-pollen allergens, along with any technical advice requested regarding extraction and standardization procedures. Your inquiries are most cordially invited.

HOLLISTER-STIER LABORATORIES
Spokane, Washington

BOOTH 38

We of Hollister-Stier Laboratories invite you to visit our exhibit and view our diagnostic and therapeutic preparations designed specifically for the Allergist to assist in the practice of his specialty.

Please ask our representatives to explain our new mold identification service. This service is designed to assist the Allergist in the management of his fungi sensitive patients.

HONEYWELL, INC.
Minneapolis, Minnesota

BOOTH 26

Honeywell will display Central System and Portable Electronic Air Cleaning equipment.

Honeywell Electronic Air Cleaners work by a process similar to the way a magnet attracts iron filings. As air is circulated through the unit, particles are pulled out of the air *electronically*. So only cleaned air leaves the unit.

Central system models fit into the duct work of any forced air system and clean the air as it is circulated throughout the system.

Portable models are perfect for apartments, offices, conference and banquet rooms, and homes without forced air systems.

INVESTORS DIVERSIFIED SERVICES
Minneapolis, Minnesota

BOOTH 27

Investors Diversified Services (IDS) invites you to learn about the IDS Group of six mutual funds, an array of vehicles for every investment objective from individual programs to funding instruments for Keogh and professional corporation and association retirement plans. Drop by and pick up a prospectus on any or all of the six mutual funds under the IDS banner: Investors Mutual (established 1940), Investors Stock Fund (1945), Investors Selective Fund (1945), Investors Variable Payment Fund (1957), IDS New Dimensions Fund (1968), and IDS Progressive Fund (1969). IDS also offers tax-shelter oil exploration participation programs through IDS-McCulloch Oil.

KEY PHARMACEUTICALS, INC.
Miami, Florida

BOOTH 7

Key Pharmaceuticals, Inc., through its own research, developed a new and exclusive method of producing sustained-action tablets. By utilizing the developments of our research, Key has manufactured a number of products which produce sustained-action in treating chronic diseases. We cordially invite you to visit our booth.

KNOLL PHARMACEUTICAL COMPANY
Orange, New Jersey

BOOTH 41

Knoll products to be presented will be: QUADRINAL, VEREQUAD and THEOKIN, each designed to relieve the symptoms of chronic respiratory diseases with differences in formula and action to suit the individual problem.

LASER, INC.
Crown Point, Indiana

BOOTH 4

Featuring KIE SYRUP and TABLETS, KISOL SYRUP and DALLERGY DIALSPAN CAPSULES. Taste the new mint-almond flavor of KIE and KISOL Syrups, and see for yourself how well we have masked the iodide taste. We welcome the opportunity to discuss LASER products with you.

ELI LILLY AND COMPANY

BOOTH 46

You are cordially invited to visit the Lilly exhibit. Our sales representatives welcome your questions about our pharmaceutical products. You may be particularly interested in discussing **CORDRAN[®]** Flurandrenolide.

LOMA LINDA FOODS
Riverside, California

BOOTH 5

Loma Linda Foods, one of America's oldest manufacturers of fiber-free soy milk, will explain why the product **SOYALAC** is unusual in that it does not settle out, is milk-like in texture, and does not tend to raise infants' serum cholesterol. Samples of this flavorful, hypoallergenic milk will be served.

MARCELLE HYPO-ALLERGENIC COSMETICS
New York, New York

BOOTH 1

A Complete Treatment Line of Hypo-Allergenic Cosmetics specially formulated for Women with Sensitive or Allergic Skin. All commonly-known irritants have been removed or minimized in manufacture . . . consumer assurance of cosmetic elegance in its purest form.

Marcelle will feature its Formula 24 Teen Series of Hypo-Allergenic Medicated Products—Ultrafine Eye-Makeup Collection—Hair Care Essentials and the *First* Hypo-Allergenic Bath Collection of luxury packaged Bath items.

Allergy testing kits are provided for doctors and consumer literature is available.

MILLIPORE CORPORATION
Bedford, Massachusetts

BOOTH 44

Millipore will exhibit and demonstrate systems for electrophoresis and immunoelectrophoresis, as well as simple systems for producing particle-free, sterile allergenic extracts.

NEUROGENA CORPORATION
Los Angeles, California

BOOTH 16

NEWS FROM NEUROGENA

NEUROGENA GEL RAINBATH—A lipid free foaming skin gel, for bath or shower. Indicated as an adjunct for cleansing in atopic dermatitis and where soap is contraindicated. Cleans with uncommon mildness; leaves skin smooth to touch.

PARKE, DAVIS & COMPANY
Detroit, Michigan

BOOTH 6

Medical service members of our staff will be in attendance at our booth to discuss important Parke-Davis specialties which will be on display.

PREDICTIVE MEDICAL SYSTEMS
Palo Alto, California

BOOTH 48

The dedicated small computer (minicomputer) has been applied to automated history acquisition. Any number of audio-visual terminals can be used for presentation of branch-chain-medical histories on-line to the same processor.

Since the logic for history branching is resident on the film strip of the terminal, changes to the content of the history can be made without change to the computer program. Switching from general medical history to allergy history or pre-employment history, etc., is accomplished by a simple change of film cartridge in the terminal. Immediate report generation assures confidentiality of historical data.

The terminal can be used for patient counselling when not occupied with history acquisition.

PUREX LABORATORIES, INC.
Hanover, New Jersey

BOOTH 49

Visiting physicians and pharmaceutical industrial specialists have agreed that the new Purex has one of the most well equipped and staffed manufacturing facilities in the Allergy industry.

Prompt delivery service for most stock extracts plus personal service for the Allergist remains our keynote.

1971 gives us the opportunity to discuss with you the **PUREX QUANTITY DISCOUNT** system and the unique **ANNUAL PURCHASE AGREEMENT**. Both systems allow maximum discounts for bulk as well as testing extracts and supplies.

PURITAN-BENNETT CORPORATION
Kansas City, Missouri

BOOTH 14

RIKER LABORATORIES, INC.
Northridge, California

BOOTH 32

Riker Laboratories will feature the new era in bronchodilator aerosols—DUOHALER and ISO-AUTOHALER—the first completely automated, breath-actuated aerosols for asthma.

A. H. ROBINS COMPANY
Richmond, Virginia

BOOTH 47

You are cordially invited to visit the A. H. Robins display and meet our representatives who will welcome the opportunity to discuss with you products of interest. Our most recent new product release is DIMACOL™ (pseudoephedrine, pheniramine, dextromethorphan and glyceryl guaiacolate).

ROSS LABORATORIES
Columbus, Ohio

BOOTH 42

You are cordially invited to request from our representative any of the many available ROSS Service materials. These include ROSS Development Aids, Breast Feeding and Formula Preparation instructional booklets, Age-graded Diet Sheets, Mother and Baby booklet, and many other time saving instructional aids for your patients.

SCHERING LABORATORIES
Union, New Jersey

BOOTHS 30 and 31



Schering Laboratories invites you to visit their exhibit booth spaces #30 and #31 where their representatives will be available to discuss with you any questions you may have on DRIXORAL®, POLARAMINÉ®, CHLOR-TRIMETON®, METRETON®, or any other Schering product.

SCHOLASTIC SYSTEMS, INC.
Hackensack, New Jersey

BOOTH 11

Designed for use by professionals interested in educational improvement in many different areas, our equipment and software cover audio-visual educational aids, cassette recordings, rapid reading programs, programmed mathematics, science and

language studies.

Our cassette programs consist of a play back recorder and a series of subject tapes with accompanying manuals in the areas of mathematics, languages, sciences, etc. Our reading programs may be used with overhead projectors for group use as well as mechanized units for individual use encompassing reading skills, comprehension, retention and rapid reading. We also have self-tutoring programs consisting of projectors and courses in the areas of new modern math, science, language studies, vocabulary and spelling development, proof-reading, etc.

We also have graded programs available to be used as educational supplements for children as well as adults. All of our materials have been evaluated and have received many endorsements by top educators within their respective fields of study.

SMITH, MILLER & PATCH, INC.
New Brunswick, New Jersey

BOOTH 40

Smith, Miller & Patch, Inc. will feature our new decongestant antihistamine, DECONAMINE, in capsule, tablet and liquid dosage forms. Also featured will be a number of our ophthalmic solutions frequently helpful in ocular allergies, i.e., VASOCON-A, VASOCON REGULAR, INFLAMASE and VASOCIDIN.

SYNTEX LABORATORIES, INC.
Palo Alto, California

BOOTH 19

SYNALAR® (fluocinolone acetonide), the topical corticosteroid designed to meet specific dermatologic needs, will be featured at Booth 19. SYNALAR has set a new standard of success in the treatment of a wide range of inflammatory dermatoses.

A warm invitation is extended to all physicians attending this meeting to visit our booth and discuss the latest developments from SYNTEX research.

WARNER-CHILCOTT LABORATORIES
Morris Plains, New Jersey

BOOTH 8

Your Warner-Chilcott representatives cordially invite the members of The American College of Allergists to see and discuss what's new at Warner-Chilcott, Booth No. 8.

WINTHROP LABORATORIES
New York, New York

BOOTH 15

Winthrop Laboratories cordially invites you to visit booth No. 15 where we will feature the following products: ISUPREL (brand of isoproterenol) MISTOMETER; NTZ Spray; NEO-SYNEPHRINE.

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