

ALLERGY IN  
PEDIATRIC PRACTICE

SHERMAN AND KESSLER

ALLERGY IN  
PEDIATRIC PRACTICE





A.



B.



C.



D.



E.



Plate I.

A, Passive transfer tests. Sites immediately after injection of serum, showing number and arrangement of sites, method of marking, and nonspecific reaction to serum.

B, Passive transfer tests. Reactions of sites to testing on following day, showing variations in reactions to different antigens, from negative to marked.

C, Chronic eczema in popliteal and gluteal folds of girl 5 years of age.

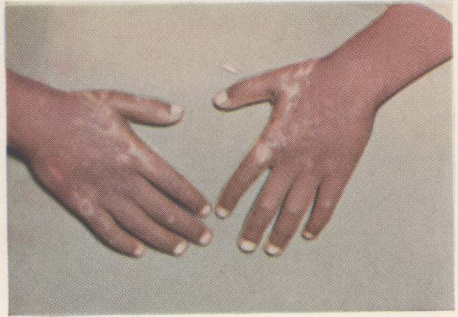
D and E, Chronic eczema in girl 6 years of age with four-year history of allergic eczema, showing changes in skin of wrists and feet.



A.



B.



C.



D.



E.

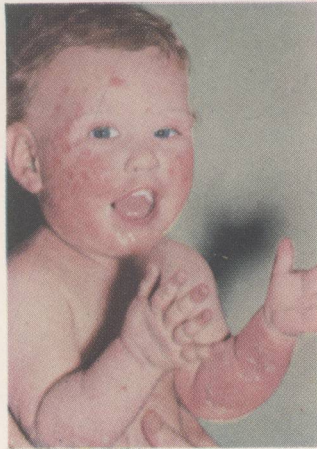


PLATE II.

A, Chronic eczema in boy 8 years of age with long history of eczema, showing chronic changes in popliteal areas.

B, Depigmentation of hands in 4-year-old Negro boy after recovery from severe infantile eczema.

C, Intracutaneous skin tests. From left to right, the first and second blebs show slight (one plus) reactions; the third, negative, showing size of residual bleb; the fourth, marked (three plus) reaction with pseudopods. The mark on the skin indicates 1 cm.

D, Passive transfer tests. Enlargement of Plate I, B to show individual reactions to different antigens.

E, Infantile eczema in baby 13 months of age with acute, generalized weeping dermatitis.

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# ALLERGY IN PEDIATRIC PRACTICE

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*ILLUSTRATED*



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## PREFACE

A large proportion of the infants and children suffering from allergic diseases are necessarily treated by general practitioners and pediatricians without special training in allergy. This book is intended to offer such physicians practical aid in the diagnosis and treatment of these conditions.

It presents in detail the views and methods that we have found most useful in actual practice. Most of the material included is familiar to, and accepted by, the majority of specialists in the field. However, there are certain problems, both theoretical and practical, on which various authorities hold sharply divergent opinions. An attempt has been made to indicate the existence of these differences of opinion and to differentiate fact from theory, but the desire to keep the book simple and practical does not permit detailed and impartial presentation of all points of view on controversial problems.

In keeping with the intent of the book, many conditions which have been suspected of being allergic on scanty or inadequate evidence receive little or no mention. Attention is focused on those diseases in which allergic methods of diagnosis and treatment have proved of real practical value.

A certain amount of basic scientific background is included. It is believed that this knowledge is essential for intelligent use of the actual diagnostic and therapeutic methods. Since the book is intended for practitioners without special training in the field, it seems safe to assume that this information is either new to them or long since forgotten.

The citation of references to other publications is intended to indicate relatively few sources from which more detailed information and bibliographies may be obtained. In most cases these are review articles or books rather than original sources. References are intended to support specific statements in the text only when these are relatively unfamiliar or at variance with generally held opinions. No attempt is made to indicate the ultimate source of widely known facts.

We wish to express our indebtedness to Dr. Robert A. Cooke, under whom we both received training in this branch of medicine. His opinions and methods form so large a part of the material included in this book that detailed acknowledgment would be impractical.

6 PREFACE

Thanks are also due to the Institute of Allergy of The Roosevelt Hospital for most of the illustrations and to Miss Marcelle Johnson for aid in preparing the manuscript.

WILLIAM B. SHERMAN  
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New York City



# CONTENTS

## *Chapter 1*

### **INTRODUCTION ..... 15**

Historical Background, 15; The Concept of Allergy, 16; Allergy as an Antigen-Antibody Reaction, 19; Terminology, 20.

## *Chapter 2*

### **IMMUNOLOGY OF ALLERGIC DISEASES ..... 23**

Anaphylaxis, 23; Atopic Sensitization, 27; Contact Dermatitis, 28; Delayed Bacterial Hypersensitivity, 29; Classification of Allergic Reactions, 30.

## *Chapter 3*

### **NONIMMUNOLOGIC FACTORS AFFECTING ALLERGIC REACTIONS ..... 32**

Chemical Factors, 32; Hormones, 33; The Autonomic Nervous System, 35; Effect of Physiologic Activity of the Shock Organ, 37; Effect of Nonspecific Irritants on the Shock Organ, 37; Influence of Emotional Factors, 37.

## *Chapter 4*

### **DRUGS USED IN THE TREATMENT OF ALLERGY ..... 41**

Antihistamine Drugs, 41; Preparations, 44; Adrenergic Drugs, 45; Epinephrine, 45; Ephedrine, 46; Isopropylarterenol, 47; Phenylephrine Hydrochloride (Neo-Synephrine) and Naphazoline Hydrochloride (Privine), 47; Cortisone and Related Compounds, 48.

*Chapter 5*

**ANAPHYLAXIS IN PEDIATRIC PRACTICE ..... 51**

Etiology, 51; Anaphylactic Shock, 52; Physiology, 52; Symptoms, 52; Diagnosis, 53; Treatment, 53; Allergic Reactions to Insect Stings and Bites, 53; Etiology, 54; Symptoms, 54; Treatment, 54; Prognosis, 55; Biting Insects, 55; Sensitization to Parasitic Worms, 56; Etiology, 56; Diagnostic Skin and Serologic Tests, 56; Allergic Manifestations, 56; Loeffler's Syndrome, 57; Etiology, 57; Symptoms, 58; Diagnosis, 60; Treatment, 60.

*Chapter 6*

**SERUM SICKNESS AND SERUM REACTIONS ..... 61**

Serum Sickness, 61; Etiology, 61; Immunologic Mechanism, 62; Symptoms, 62; Pathology, 64; Diagnosis, 64; Treatment, 64; Prognosis, 65; Immediate Reactions to Heterologous Serum, 65; Immunology, 65; Diagnosis of Serum Sensitization, 66; Administration of Antiserum to Sensitive Children, 66; Symptoms and Treatment of Immediate Shock Reactions, 68; Accelerated Serum Reactions, 68; Symptoms, 69; Prevention and Treatment, 69; Arthus Reactions to Antisera, 69; Clinical Features, 69; Prevention and Treatment, 70; Use of Toxoids, 70.

*Chapter 7*

**THE ATOPIC DISEASES ..... 72**

Clinical Association of Diseases of the Group, 72; Heredity, 73; Effect of Exposure to Allergens, 75; Natural History of Atopic Disease, 77; The Immediate Urticarial Skin Reaction, 78; Skin-Sensitizing Antibodies, 80; Immunologic Effects of Injections of Antigen, 81; Physiology of Atopic Reactions, 83; The Constitutional Reaction, 84; Etiology, 85; Symptoms, 85; Treatment, 86.

*Chapter 8*

**ALLERGENS CAUSING ATOPIC DISEASES ..... 88**

Inhalant Allergens, 88; Pollen Allergens, 95; Food Allergens, 101; Antigenic Solutions for Testing and Treatment, 107.

*Chapter 9***DIAGNOSIS OF THE SPECIFIC CAUSATIVE ALLERGENS ..... 111**

Clinical History, 112; Skin Tests, 114; The Scratch Test, 116; The Intracutaneous Test, 117; Nonallergic Factors Affecting Skin Tests, 119; Intracutaneous Tests With Bacterial Antigens, 119; Passive Transfer Tests, 120; Significance of Skin Tests, 124; Mucosa Tests, 126; Correlation of Skin Reactions and History, 127; Dietary Trials, 129; Environmental Tests, 130; General Principles, 131.

*Chapter 10***INJECTION TREATMENT ..... 133**

General Principles, 133; Indication for Injection Treatment, 134; Results, 134; Technique and Necessary Precautions, 135; Dosage, 135; Maintenance Treatment, 138; Constitutional Reactions, 139; Mixture of Antigens, 141; Desensitization With Food Antigens, 143; Injection Treatment With Bacterial Antigens, 143.

*Chapter 11***ALLERGIC RHINITIS ..... 146**

Terminology, 146; Incidence, 146; Etiology, 147; Pathology and Physiology, 147; Symptoms and Diagnosis, 148; Treatment, 154; Prognosis and Complications, 157; Relation of Allergic Rhinitis to Upper Respiratory Infection, 158.

*Chapter 12***BRONCHIAL ASTHMA ..... 161**

Pathology, 161; Physiology, 162; Symptoms, 165; Differential Diagnosis, 166; Etiologic Diagnosis, 168; Symptomatic Treatment, 173; Useful Drugs, 173; Home Treatment, 176; Treatment Administered by Physician, 177; Hospital Treatment, 177; Specific Treatment, 178; Treatment of Infection, 180; Emotional Factors, 182; General Measures, 183; Prognosis and Complications, 186.



*Chapter 13*

**ATOPIC DERMATITIS—INFANTILE ECZEMA ..... 190**

Etiology, 190; Symptoms and Pathology, 194; Differential Diagnosis, 196; Etiologic Diagnosis, 197; Specific Treatment, 201; Symptomatic Treatment, 203; Prognosis and Complications, 206.

*Chapter 14*

**URTICARIA AND ANGIOEDEMA ..... 208**

Urticaria, 208; Etiology, 208; Physiology and Pathology, 210; Symptoms, 210; Diagnosis, 211; Treatment, 212; Prognosis, 213; Angioedema (Giant Urticaria), 214; Symptoms, 214; Diagnosis, 214; Treatment, 214.

*Chapter 15*

**GASTROINTESTINAL ALLERGY ..... 215**

Etiology, 215; Physiology, 215; Symptoms, 216; Diagnosis, 217; Treatment, 218.

*Chapter 16*

**ALLERGY OF THE EYE ..... 219**

Allergic Conjunctivitis, 219; Atopic Conjunctivitis, 219; Dermatoconjunctivitis, 220; Conjunctivitis Due to Bacterial Allergy, 220; Vernal Conjunctivitis, 221; Etiology, 221; Symptoms, 221; Etiologic Diagnosis, 222; Treatment, 222; Phlyctenular Keratoconjunctivitis, 223; Other Allergic Diseases of the Eye, 223; Uveitis, 223; Sympathetic Ophthalmia, 224; Endophthalmitis Phacoanaphylactica, 224; Cataract Associated With Atopic Dermatitis, 224.

*Chapter 17*

**ALLERGY OF THE CENTRAL NERVOUS SYSTEM ..... 225**

Headache—Migraine, 226; Epilepsy, 228; Behavior Disorders, 229.

*Chapter 18*

**CONTACT DERMATITIS ..... 231**

Terminology, 231; Etiology, 232; Immunology and Pathology, 234; Diagnosis, 235; Prophylaxis and Treatment, 237; Prognosis and Complications, 240.

*Chapter 19*

**DELAYED ALLERGY TO INFECTIVE AGENTS ..... 242**

Types of Allergic Reactions to Infection, 242; Organisms Inducing Delayed Allergy, 243; Nature of the Delayed Reactions, 244; Effect of Bacterial Allergy on Pathogenesis of Infectious Diseases, 244; Relation of Bacterial Allergy to Immunity, 244; Desensitization, 245; Diagnostic Skin Tests Dependent on Delayed Allergy, 245.

*Chapter 20*

**ALLERGIC PURPURA ..... 248**

Nature of Purpura, 248; Types of Purpura, 249; Anaphylactoid Purpura, 249; Etiology, 249; Symptoms, 250; Diagnosis, 250; Treatment, 251; Prognosis, 251; Idiopathic Thrombocytopenic Purpura, 251; Purpura Due to Drugs, 252.

*Chapter 21*

**DRUG ALLERGY ..... 253**

Special Features of Drug Allergy, 253; Urticaria and Angioedema, 254; Reactions Resembling Serum Sickness, 255; Anaphylactic Reactions, 255; General Atopic Reactions, 256; Drug Fever, 256; Drug Rashes, 257; Hepatitis, 258; Blood Dyscrasias, 259; Specificity and Duration of Drug Allergy, 260; Desensitization, 260; Suppression of Drug Allergy by Other Medications, 260.

*Chapter 22*

**PHYSICAL ALLERGY ..... 262**

Cold Urticaria, 264; Heat Urticaria, 265; Allergy to Light, 266; Urticaria Due to Mechanical Irritation, 266.

*Chapter 23*

**ALLERGY IN RELATION TO COLLAGEN DISEASES ..... 268**

Rheumatic Fever, 269; Etiologic Factors, 269; Clinical Evidence of an Allergic Factor, 270; Pathologic Evidence, 270; Rheumatoid Arthritis, 271; Periarteritis Nodosa, 271; Disseminated Lupus Erythematosus, 272; Scleroderma and Dermatomyositis, 273.

*Chapter 24*

**GENERAL PEDIATRIC CARE OF THE ALLERGIC CHILD ..... 274**

Characteristics of the Allergic Child, 274; General Principles, 274; Diet, 275; Diet of Mother During Pregnancy, 277; Furnishings, 277; Pets, 278; Exercise, 278; Respiratory Infections, 279; Emotional Problems, 279; Immunizations, 279.

**APPENDIX ..... 281**

Measures for the Control of House Dust, 281; Lists of Allergen Extracts for Testing, 283; Inhalants, 283; Molds, 284; Foods, 284; Miscellaneous, 285; Pollens, 285; Other Methods of Standardization, 285; Group Antigens, 285; Dilution of Extracts, 286; Preparation of Dust Extract, 286; Sterilization by Filtration, 287; Sterility Tests, 288.



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## Chapter 1

## INTRODUCTION



## HISTORICAL BACKGROUND

Ancient and medieval medical writings contain references to individual idiosyncrasies to foods and odors, which, in the light of present knowledge, are recognizable as examples of allergic disease. Jenner, in his account of vaccination for smallpox in 1798, described the accelerated reaction to the virus in persons who had previously been vaccinated, an example of altered reactivity obviously related to previous contact with the causative agent. More definite descriptions of allergic phenomena date from the nineteenth century. Bostock in 1819 described hay fever, from which he himself suffered, under the name of summer catarrh. In a subsequent publication in 1828, he stated that the condition was popularly known as hay fever because of the belief that it resulted from the effluvium of new hay. However, he did not himself accept this explanation, but attributed the symptoms to exposure to the summer sun. Blackley in 1873 clearly showed that the condition was produced by grass pollen, and described the reactions noted when pollen was placed in a scratch in the skin or the conjunctival sac. During the same period, Salter and others also attributed asthma to idiosyncrasy to various extrinsic materials such as animal danders. Further evidence of acquired idiosyncrasy to infective agents was furnished by Koch in his accounts of tuberculin sensitization of animals infected with tubercle bacilli, late in the nineteenth century.

While these observations furnished examples of unusual, individual reactions to foreign materials, correlation and explanation of the phenomena awaited the development of the concept of immunity to infections and toxins acquired through previous contact. Portier and Richet, in studying the immunization of dogs to the toxin of the sea anemone *Actinia*, were surprised to