AUTOGENOUS VACCINE IN THE TREATMENT OF HAY-FEVER.

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With well-trained minds of the highest order, with wealth and government backing, the laboratories of to-day are elevating medicine by leaps and bounds. Matters of doubt become living facts, and the knowledge of yesterday is disproved in many instances.

So thick and fast do the announcements come that men in active practice have not the time or training to know definitely or weigh with proper judgment the testimony offered. We, therefore, must accept with a certain amount of blind faith the wonderful means placed at our disposal for use in our fight against disease. The subject of immunization by the use of vaccines has appealed strongly to the medical world.

Many investigations have been made in various lines. Some have resulted brilliantly, while others have been failures. Following a happy experience in the case of a chronic discharging ear, where the autogenous vaccine was used, it occurred to me that its use in hay-fever would be indicated. In August, 1911, I tried it out for the first time in a case of five years' standing. The result was most gratifying, and I reported the case at the Southern Section of the American Laryngological, Rhinological and Otological Society, meeting in New Orleans, February, 1912. Throughout the fall of 1912 I treated a series of twenty-five cases with excellent results. With but one exception these cases were of years' standing and had tried every known remedy without relief. All the patients were from my private practice and could be watched carefully.

It was my intention to have these patients under observation before the hay fever season started, that I might correct any abnormality present, such as polypi, hypertrophied turbinates, deflected septum, sinus disease, etc. In other words, I proposed to put the nose in as normal a condition as possible and await the oncoming season. If, despite these efforts, they developed hay-fever, use the vaccine.

This plan did not work for the very good reason that the majority of my patients presented themselves only after the onset of symptoms, or so very little in advance of the time that surgical measures were not to be considered. It thus happened that in this series were several cases of marked deflection of the septum, together with hypertrophy of the turbinates, which should have been operated before good results could be hoped for.

The series was divided into four groups: those that were cured; those that were markedly improved; those that were improved; and those that were failures. The results were as follows: Out of the twenty-five patients treated, thirteen or fifty-two per cent were cured; six patients or twenty-four per cent markedly improved; three patients or twelve per cent slightly improved; three patients or twelve per cent failures.

Of the thirteen patients cured, eight were complicated by asthmatic attacks. Of the six markedly improved, five had asthma. Of the three slightly improved, all had asthma. Of the three failures, all had asthma.

The vaccine was prepared as follows: After the nasal symptoms had developed a sterile platinum loop was passed well up along the middle turbinates, and the film of secretion transferred to sterile agar tubes.

The patients were instructed not to use medicines of any kind twenty-four hours before the secretion was to be removed. Two tubes were used in each case and the combined growth washed off with sterile normal saline solution. The bacteria were then killed by heat, standardized, and placed in two-ounce bottles with inverted rubber nipple for stopper. In this way the vaccine could be drawn out by plunging the hypodermic needle through the nipple, and the danger of contamination reduced to a minimum. In this connection I am glad to say that no abscesses were produced by the injections throughout the series.

The average number of injections was nine. The dose best suited was found to be 200 million every fourth day. Larger doses were tried in a few instances, but no especial benefit noted.

In several cases where the dose was increased to 400 or 500 million, a rather marked reaction with the increase of hay-fever symptoms occurred, necessitating a skip of six or eight days in the treatment. Improvement may not be expected until three

doses have been given. Some cases eventually cured did not show improvement until the sixth dose had been given.

In my humble opinion, autogenous vaccine offers decidedly more in the treatment of hay-fever than all other known methods combined. Its indiscriminate use, however, without a careful inspection of the nasal passages, coupled with sufficient skill and knowledge for the correction of gross pathological lesions within the nose, and accessory sinuses, will prove a failure, and will discredit an efficient remedy.

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Operations on Nose in Treatment of Headache. FROESE, *Deut. med. Wchschr.*, May 15, 1913.

Ten cases are reported which show the improvement in neuralgic and headache conditions following nasal operation. In only one case (where the man did not follow instructions) did slight nausea and fever result. The technic is minutely described. Friese feels that these interventions are not as dangerous as some think, that they are of great benefit and that, with care, they do not cause meningitis.

Ed.

Primary Syphilis of the Nose Treated with "606." M. ARTELLI, *Boll. delle mal. dell'Orecchio*, June, 1913, p. 126.

It is very unusual for the initial lesion to be in the nose. The case reported was in a man of 28 years; neoplastic type of lesion in right anterior portion of septum; hard indolent swelling in right submaxillary glands; Wassermann positive; roseola appeared shortly. Salvarsan was administered intravenously; after forty-eight hours improvement in nasal condition. Artelli recommends a combination of salvarsan and Hg.

Ed.