VOLUME 5(3) September 1985

Below are short overviews of the articles that appeared in this issue of VOLUME:

Skin Testing (Dr Robyn O'Hehir, BSc, MBBS (Hons))

Dr Robyn O'Hehir wrote this interesting overview of 'skin testing' whilst she was a Fellow in the Department of Allergy and Respiratory Medicine, Alfred Hospital, Melbourne. She is now an internationally noted research immunologist and Director and Professor of the Alfred's Department of Allergy, Immunology and Respiratory Medicine.

Skin prick testing (first used by Charles Blackley in the 1860s) is a minimally invasive test in which extracts of allergens such as pollens, moulds and grasses (as well as positive (histamine) and negative (saline) controls) are introduced into the epidermis and the size of any weal relative to the positive control is noted. The test is used to demonstrate the presence in the skin of the antibody, immunoglobulin IgE, which is present at higher levels in people at increased risk of allergic respiratory diseases such as hay fever and asthma. The test is used to identify atopic (positive response) and non-atopic (negative response) people. When skin prick testing is used together with the clinical history it assists clinicians in the diagnosis of allergic diseases and in the development of treatment and avoidance plans, which can have a significant impact on the course of allergic diseases.

The article overviews the technique of prick skin testing, including cautionary notes, quantification of positive results, and the common allergens used at the Alfred Hospital at the time It appears that the technique has changed little over the past 21 years and it remains a very important and reliable tool to confirm an allergic response.

Hepatitis B: Problem and Control (Stephen N. West)

Stephen West, now a Life Member, is well known to you all. He has held senior offices within the Society including two consecutive terms as President (1990-1996) and has served as NSW Board member on several occasions. He played a major role in establishing and currently leads the Certified Respiratory Function Scientist process which is now which is now a widely recognised benchmark throughout Australia and New Zealand.

In this article Stephen West provides an informative review of hepatitis B, an infection which is common among certain community groups (e.g. Aborigines, Mediterranean, and south east Asian immigrants) including health care workers exposed to blood and blood products, people living in dense communities with poor hygiene, and where the sharing of personal items (e.g. razors) is common. It is interesting to note that the review also discusses AIDS and the possibility that because the hepatitis B vaccine is derived from plasma, the vaccine could be contaminated with 'agents' responsible for AIDS, especially if the plasma is sourced from members of the gay community. Also discussed were the 1983 NHMRC immunisation strategies for use of hepatitis B vaccine in Australia to protect the community. Strategies included reducing the reservoir of infection by offering the vaccine to people who are seronegative (i.e. lacking hepatitis B antibodies) and living with known carriers and residents in institutions, members of the gay community with multiple partners, illicit intravenous drug users, and health care workers.

Management of Chronic Obstructive Airway Disease (Dr Peter W. Trembath)

Dr Peter Trembath provided this review of COAD whilst a Senior Respiratory Specialist Physician at the Austin Hospital, Victoria.

The article provided insight into the complex and overlapping spectrum of lung diseases causing chronic airflow limitation (emphysema, chronic obstructive bronchitis, chronic bronchitis and asthma), including heightened bronchial reactivity. He defined the various disease entities and reviewed therapeutic management strategies including smoking cessation, domiciliary oxygen therapy, and drug therapy (bronchodilation, improving respiratory muscle function, antibiotic therapy and enhancing mucociliary clearance) and the treatment of complications such as right heart failure, secondary pulmonary hypertension, recurrent chest infections, psycho-social factors such as anxiety and depression).

Please contact me if you are interested in a copy of this or any other issue of VOLUME.

David P. Johns PhD, CRFS, FANZSRS

School of Medicine, University of Tasmania

david.johns@utas.edu.au

Tel: (03) 6226 4801