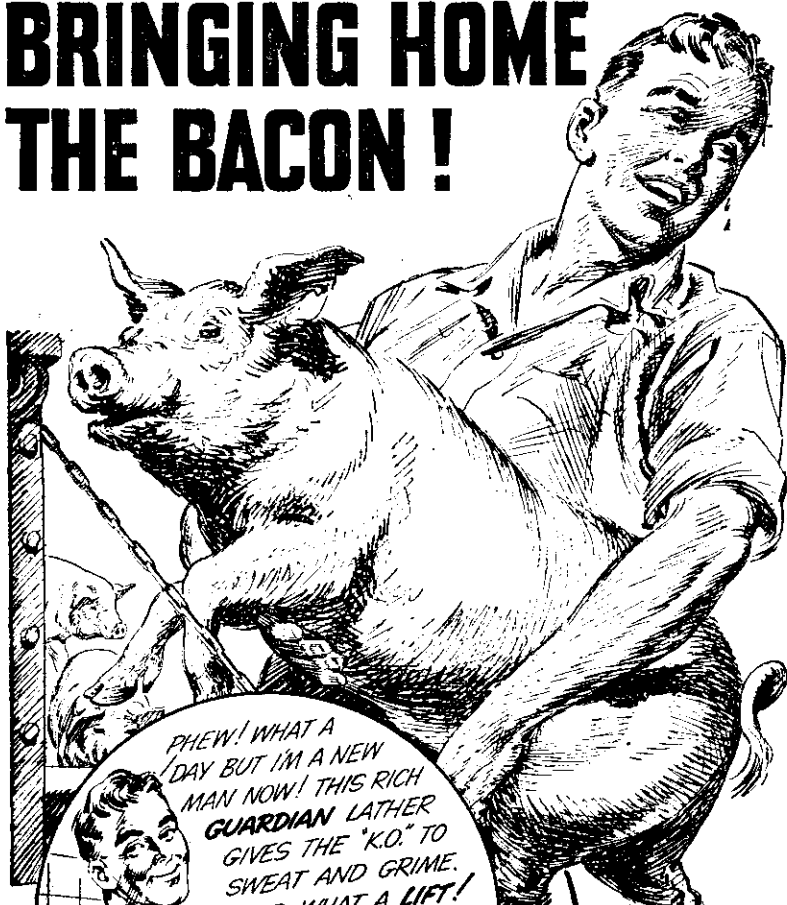


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A. E. HEFFORD RETIRES

(continued from previous page)

"Would you say, then, that fish conservation is akin, in a way, to conservation in agriculture?"

"It is just as important for the fisheries administration to understand the character of water, as such, as it is for the agriculturalists to understand the nature of soils in farming. But even now we don't know fully the migratory habits of fish or the changes that take place in the character of the water from season to season. There are fertile and infertile waters—waters which repel or attract fish."

"After seeing so much of fish, do you eat it?"

"Certainly, when I can afford it. And, by the way, thanks for reminding me; my daughter's instruction this morning was to take home some fish to-night. People don't realise that the cheaper varieties of fish are just as nourishing

as the dearer kinds and, if treated properly, they taste just as nice."

"Is there anything in the suggestion that fish might be sent to Britain to help out the low food rations?"

"Not as a practical proposition. Land production is far more likely to be of value. Our supplies of fish are very skimpy compared with those of the Northern Hemisphere."

"And how do you intend to spend your leisure?"

"I hope to go to Dunedin and join my wife (Dr. Muriel Bell), whose work keeps her there. And my recreational ambition is to do in the garden just what the radio tells me to every month. And I don't suppose I shall be able to keep away from a little more marine investigation. But whether I get time to write a book on the New Zealand fisheries is quite another matter."

Mr. Hefford said that judging by the remarks made at his send-off, nobody could have been more appreciative of his work than his colleagues, including the Minister of Marine. "But," he added, "I can't help feeling with regret that there are lots of things left undone that I ought to have done."

Advice on Health (No. 257)

WHAT IS ALLERGY?

(Written for "The Listener" by DR. H. B. TURBOTT, Director of the Division of School Hygiene, Health Dept.)



THE word allergy is comparatively new in medicine. I do not think the Victorian era ever heard of allergy, and it is only since the first World War that scientific medicine has revealed how allergic troubles are caused and treated. Allergy is an over-sensitivity, or increased reactivity of the body to common substances which ordinarily are harmless. Some people enjoy hay-making; others get hay fever; pollen time brings on asthma in some, apples, strawberries and other fruits so enjoyed by many bring on eczema or urticaria in others. Allergy means that in the hyper-sensitive person common things act as irritants causing illness, whereas they leave the normal person unaffected. In some people the eating of certain foods, the breathing in of pollens, house dust or animal emanations, or contact with other excitants, upsets the skin, or the alimentary or respiratory tracts.

Respiratory types of allergy are hay fever, asthma, and recurrent catarrh. Skin types are urticaria or hives, and eczema—itching types of skin trouble. Headaches and migraine may be nervous types of allergy. Food allergies may manifest themselves in any of these forms, respiratory, skin, or nervous, or may show up as bouts of sudden diarrhoea or vomiting. The puzzle with allergies is to recognise them. You do not commonly think of an allergy if you are subject to vomiting attacks, or nervous headaches, or eczema. Often such illnesses are treated without any thought that there may be a nigger in the woodpile—an allergy, a sensitization to something unknown. And that is just the problem—to discover what the irritant is that every so often produces certain symptoms in an otherwise healthy person.

As the years go by the list of things that can cause allergy is constantly grow-

ing, as more and more allergies are being recognised and proved. If careful observation and questioning point to any particular thing as the likely irritant, it is an easy matter to decide the issue by testing the skin of the sufferer with the suspected cause. Various extracts of pollens, animal hairs, house dust, foods and hundreds of suspected causal agents, are available. The laboratories make these extracts of the things thought most likely to cause allergy. The doctor decides from his questioning the most likely things to try out, and on the forearm makes 10 or 12 tests about an inch apart. This is done in the form of little scratches, not deep enough to draw blood. A drop of the testing material is rubbed into the scratch. A positive reaction is evident in 10-20 minutes as an itchy, raised weal, with redness around it.

Another method is to give first of all a purge. Then the patient is allowed only one food, maybe a sugar, or perhaps meat, for three days, following which one more food is added each day. When allergic symptoms occur they are probably caused by the last food added to the diet.

Whether the cause is discovered by skin tests, or by diets, the treatment is simple. It may be something that can be avoided—for example, eliminating kapok from a home, if kapok is implicated, or cutting out pork, shellfish, or strawberries, or some other food. But the cure may not be so easy—it may be a food that cannot be done without, or an irritant that cannot be avoided in daily life. Then the treatment is desensitization—it may seem funny, but all that is required is to have repeated injections of the extract that causes the trouble. Gradually the body learns to suffer these little doses without upsets, and slowly but surely the allergy is mastered. But it is clear that such a victory may not come easily, but from painstaking medical investigation of a co-operative sufferer.