## THE PRACTICAL USE OF THE "ELIMINATION DIETS"

Trial diet may be used as a diagnostic measure whenever food allergy is suspected. It will be used with negative results in many instances, but much less often than is the Wassermann reaction or blood count. A test negative diet, eliminating the skin-reacting foods, may be tried first, but my continued experience confirms the general opinion that allergenic foods frequently fail to be indicated by positive scratch reactions, and when the intradermal test is used many reactions arise which are due to nonspecific irritants or to allergens which produce no clinical symptoms. Moreover, the intradermal test with foods often fails in the presence of active food allergy. Thus it is usually better to use trial diets, such as the elimination diets which exclude those foods which most frequently produce allergy, modified by definite scratch reactions or by the history of idiosyncrasies to specific foods.

For over twelve years I have been using the elimination diets in this manner for diet trial, and think that some comments on their manipulation and preparation can bear repetition.

Allergenic foods often must be eliminated for several days, and at times for one to three weeks, before definite evidence of improvement arises. In fact, the tissue changes resulting from long-continued allergy may be so marked, bordering on the irreversible type, and associated possibly with impaired vascular supply, or superimposed infection, that the maximum effect of the proper diet may not arise for several months. Therefore, too rapid decisions about the benefit to be derived from an elimination diet is unwise, and may, unfortunately, deny the patient relief from his chronic allergy. When elimination diets are to be used for more than a few days, the patient must be provided with sample menus which will assure a proper intake of calories, protein, vitamins, and minerals to maintain nutritional balance. Especially important is the weighing of the patient every few days, and regular interviews with the physician so that undesirable weight loss will not occur. The addition of calcium and vitamin D to the diet is usually desirable.

During such visits the physician must be certain that the patient is adhering to his diet. Possible mistakes in the kitchen, such as the stirring of the patient's food with a spoon that has touched milk soup or egg if they are excluded from the diet, should be prevented. Canned soups often contain unrecognized foods not included in the patient's diet. The possibility that so-called pure flours may be mixed with wheat or other ingredients must be appreciated. It is especially hazardous to entrust the making of bakery products to an ordinary baker in an unsupervised shop, since the temptation to include wheat or other forbidden food against orders is often too much to resist. Above all else, the patient himself is apt to taste a little food off the diet, or to take an interdicted food, thinking "a little will do no harm." Careful inquiry of the various foods eaten in friends' homes, restaurants, or hotels, will often reveal slight or definite mistakes. With such careful supervision of the diet, the patient will gradually develop the necessary scrutiny and care without which success with diet trial is impossible.

In every large city it will be necessary to have dependable bakers who will make bread, muffins, cookies, cakes, and other bakery products which contain specified flours and are devoid of various cereals, milk, eggs, and other ingredients, according to the physician's prescription. Such bakers, however, will need constant supervision, as shown recently by one who against orders included gluten flour in so-called wheat-free products. The patient, moreover, must be provided with recipes for bakery products, various desserts and candies if desired, which can be made at home, and their accurate use must be definitely assured by the physician.

If the physician uses the elimination diets routinely, the dietitians in the hospital or the nurse or assistant in the office can be trained to give instructions about the diet to the patient, but the determination of the accuracy with which the diet is being followed, and the determination of its effect, must be made by the physician himself.

The elimination diets can be prescribed very simply by ordering Diets 1 and 2 minus certain foods and plus others, or by ordering Diet 3 or Diet 2, alone or plus and minus specific foods. When routine diets 1, 2, or 3 do not give evidence of benefit, it may become desirable to use supplemental diets which have been previously described which contain one starch, one protein, a few vegetables or fruits, sugar, a specified oil, and salt, such foods being determined by the history, the results of previous dietary trial, and by positive skin reactions. The fact that patients may be sensitive to practically all fruits, all cereals, even to all meats, and at times to all vegetables in varying degrees, must be remembered.

In the use of elimination diets,[1] it must be emphatically stated that nutritional damage must never occur, and that undesirable weight loss must not be allowed. If the physician cannot arrange menus which prevent these undesirable results, diet trial should be promptly discontinued.

384 Post Street.

ALBERT ROWE,
San Francisco.

## REVERSIBLE GERMICIDES

It has long been recognized by professional bacteriologists [2] that the phenol coefficient, as determined by recommended standard techniques, is not a reliable index to the therapeutic usefulness of surgical antiseptics. While pneumococci and streptococci, for example, are readily killed in the test tube by dilute solutions of mercurial salts, the treatment of pneumococcus or streptococcus peritonitis with the same or even more concentrated mercurial solutions rarely gives curative results. Such antiseptics usually cause an earlier death of

1 Rowe, Albert H., M.D.: Clinical Allergy. Lea & Febiger, 1937.

2 Leonard, G. F.: J. Infect. Dis., 48:358, 1931. Birkhaug, K. E.: J. Infect. Dis., 53:250, 1933.