



Stephen A Margolis

Contemporary immunology: placing the controversies in abeyance

‘To acquire true self power you have to feel beneath no one, be immune to criticism and be fearless.’¹

I entered medical school at the tender age of 17 years, way back last century when the world seemed a much larger and less connected place. Sandstone universities were revered, especially by those who came from humble backgrounds.

It was in second year when word spread. I remember the excitement and quiet murmuring as we sat and waited in seats at the lecture hall for our esteemed guest lecturer, a graduate of our medical school no less, who had gone on to greater things and received a Nobel Prize for his ground-breaking work in immunology. In contrast to the occasional rowdy behaviour we were capable of during lectures, there was a powerful sense of deference to our guest, reflecting his global academic standing. Sir Macfarlane Burnet’s lecture was well received but, to be honest, back in 1977 I didn’t really understand immunology. To be frank, I’m not sure I understood it much better after the lecture, or after reading several of Sir Macfarlane Burnet’s books later that year.

Back then, studying immunology was at the forefront of scientific advancement in medicine, confirmed by the passage of time. For example, 2013 has been proclaimed the turning point in cancer therapy, when efforts to unleash the immune system against tumours are working.²

However, scientific and popular perceptions are often at odds. Perhaps this explains why some health conditions with a presumed immunological basis have aroused so much passionate disagreement in the general population. In the 1990s, respected news media commonly published stories about food intolerance/allergies and the associated frustration with traditional medicine in failing to acknowledging these concerns.³ Fast forward to 2014 and food ‘intolerance’ is now

considered a common paediatric presentation, although controversy persists in the diagnosis and management, as multiple definitions could mean inclusion of almost any ‘reaction’ to food ranging from a true IgE-mediated response through to a broad range of somatic symptoms.⁴

In this edition of *Australian Family Physician*, we have chosen to take an unemotional approach to the issues surrounding diet, allergy and food intolerance, areas where controversy seems to abound in a sizeable proportion of the community. Within this agnostic approach, we present papers across a range of opinions rather than simply following the standard, traditional pathway. The paper by Kenrick and Day⁵ details the latest advances in our understanding of coeliac disease, including a far broader and more inclusive definition of the disease, meaning more patients now legitimately fall within the diagnosis and management strategies of coeliac disease. Rueter and Prescott⁶ consider IgE-mediated food allergy and allergic rhinitis, while Hill and Wilson⁷ discuss food intolerance in children.

No discussion of contemporary immunology would be complete without some discourse on vaccination, perhaps the most divisive issue in this field. The paper by Danchin and Nolan⁸ presents a calm and measured approach for discussing vaccination with parents who are not inclined to participate. As this topic generates such intense heat across social media, perhaps it’s best to give the last word to Groucho Marx: ‘You know you haven’t stopped talking since I came here? You must have been vaccinated with a phonograph needle.’⁹

Author

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