

SOCIETY OF MEDICAL OFFICERS OF HEALTH

DR. TOPPING'S PRESIDENTIAL ADDRESS

Dr. Andrew Topping, Dean of the London School of Hygiene and Tropical Medicine, was installed as President of the Society of Medical Officers of Health for the session 1952-3 by his predecessor in office, Dr. W. G. Clark, on September 18.

In his presidential address Dr. Topping first looked back at the history of the Society, recalling some of his illustrious predecessors. It was most important for the work of the Society that more junior medical officers should attend its meetings, and he made an earnest plea that local authorities should make this easier. He also hoped that the change of name of the Society to the Society of Preventive Medicine would encourage eligible non-members to join.

Speaking of the finance of health and disease, Dr. Topping said that with each succeeding year the costs of curative medicine had been soaring, and there seemed to be no limit. Patients suffering from avoidable or easily curable illnesses were encouraged to go to the hospital and the specialist. He quoted Dr. Hugh Paul's illustration of the cost of curing one "blue baby," which would never be a normal child, and of the much better use to which that money could be put in saving the lives of many children by preventive measures. Again, the money spent on sanatoria might be much more effectively used in educating people in the prevention of tuberculosis. Referring to the study by Bradford Hill and Doll of the relation between cigarette smoking and lung cancer, he said that the publicity had been negligible; it was easier to order another deep-therapy unit at colossal cost. The financial position of the country might cause a swing towards prevention as the cheaper expedient, but it would be a pity if this were forced on us by economic necessity rather than by conviction.

After mentioning the need for improvements in the teaching of preventive medicine, Dr. Topping went on to speak of public health in the tropical countries and the backward countries of Europe. Efforts at improving health were foredoomed to failure until the general economic position of these peoples was improved. In many tropical areas there might be lessening of malaria, great improvement in the water supply, and so on, but for two months of the year there was practically no food. Was it not foolish to try to reduce infant mortality if one could not at the same time ensure food for the children saved? The biggest world problem in 1952 was not disease, great enough though this was; it was the inevitable consequence of the reduction in infantile and child mortality coupled with the effect on the expectation of life of the new life-saving and life-prolonging drugs.

Britain is now the largest exporter in the world of radioactive materials for peaceful purposes, according to a Ministry of Supply announcement. At present the only other competitors in this field are the United States and Canada. Between June, 1951, and June, 1952, the Atomic Energy Research Establishment at Harwell dispatched 9,578 consignments of isotopes, of which 3,053 went overseas to 37 different countries. Many of the isotopes have relatively short half-lives, so it pays to send them by air: the difficulty is the excessive weight of the usual lead containers. B.O.A.C. have overcome this problem by modifying a fleet of Argonauts so that the planes can carry the radioactive isotopes in their wing-tips; here the isotopes are harmless to the crew. As well as making isotopes, atomic scientists at Harwell run courses in isotope techniques. To date, 133 scientists, doctors, and engineers have passed through the isotope school at Harwell, the majority being chemists and biochemists. The school, which was opened in March, 1951, is situated outside the security fence. About a quarter of those attending are from abroad.

Correspondence

Because of the present high cost of producing the Journal, and the great pressure on our space, correspondents are asked to keep their letters short.

Rheumatic Fever

SIR,—Drs. F. Bach, A. Freedman, and L. Bernstock conclude in their article (September 13, p. 582) that "the chief pharmacological activity of salicylates is in some way related to the metabolism of corticosteroids." They accept the hypothesis that the therapeutic effects of salicylate are mediated by the pituitary and adrenal glands, a view which has gained wide acceptance in recent years.

If salicylates act through the pituitary and adrenal glands they may do so in one of three ways: (1) By blocking the destruction of adrenal corticosteroids, or by increasing tissue sensitivity to them, they may reinforce the action of the natural hormones; (2) they have an adrenocorticotrophic action; (3) they may stimulate the pituitary and thereby the adrenals.

If the first mechanism is correct, salicylates and corticosteroids (of which cortisone may be considered a typical example) should have the same general effects on the tissues. It appears that although the effects of salicylates and cortisone are alike in many respects¹ this similarity is only limited because in certain experimental conditions salicylates may have an opposite action to cortisone. Thus salicylates cause reduction of glycosuria in rats made diabetic either by partial pancreatectomy² or by alloxan,³ whereas cortisone exacerbates the diabetes in such animals. It has recently been shown⁴ that salicylates may actually antagonize cortisone, because administration of cortisone to rats on a high carbohydrate diet leads to hyperglycaemia and glycosuria, which are much reduced by the simultaneous administration of sodium salicylate. In adrenalectomized rats cortisone produces a significant deposition of liver glycogen, but this is prevented by the concurrent administration of salicylates.

Salicylates do not cause a depletion of ascorbic acid in the adrenals of hypophysectomized animals,⁵ which demonstrates that they do not have a direct adrenocorticotrophic effect. An indirect stimulation of the adrenals through the pituitary remains as a possible explanation, and the well-established action of salicylates in causing a significant reduction of ascorbic acid in the adrenal glands of the intact rat has been interpreted as supporting evidence. The specificity of this action of salicylates is open to question, because the isomers of salicylic acid, meta- and para-hydroxy benzoic acids, which have no therapeutic action in rheumatic fever, both deplete the adrenal ascorbic acid in intact rats.⁶

It is therefore my opinion that the available experimental evidence by no means proves that "salicylates exert their pharmacological activity by engendering adrenocortical excess."—I am, etc.,

London, S.E.5.

M. J. H. SMITH.

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Electrolyte Changes and Paralytic Ileus

SIR,—The surgical applications of recent advances in our knowledge of electrolyte metabolism have received comparatively little notice in the British medical press, and the paper by Dr. D. H. P. Streeten and Mr. J. N. Ward-McQuaid (September 13, p. 587) is therefore to be welcomed. A recent experience has emphasized the truth of many of their statements.

The patient, a boy of 14 years, was admitted to Bethnal Green Hospital on August 23 with a 48-hour history of abdominal pain. A gangrenous pelvic appendix was removed and a fair amount