Annual Report for 1951

In the interests of the advancement of the study of Allergy, and in the promotion of friendly national and international co-operation between all interested individual workers and organised Societies, the Editors earnestly request those Allergy Societies not already participating to submit their Programs and Proceedings for publication in this Journal.

The Council presents its Fourth Annual Report to the Association.

During the year 1951 meetings were held in London and Cambridge. Some members also attended the First International Congress in Allergy at Zurich.

A resume of the lectures given at the Allergy Congress at Zurich has been sent to all members. If any member would like another copy there are still six books remaining.

A survey of all allergy and asthma clinics in the country has been made. The information is not yet complete but it is hoped to present a report in due course.

It is proposed to compile an annual list of member’s publications. It is therefore requested that the necessary information for 1951 be sent to the Secretary before the end of April. In future years this information will be required by the end of December.

The Proceedings of the Association continue to be presented in the International Archives of Allergy and Applied Immunology and we are grateful to the editors and publishers for allowing us to use the journal in this way.

Finally the Council would like to express its very great regret at the loss in the death of its Treasurer – Mr. Clement Francis. The Association and all who came in contact with him have lost a true friend and helper who will be greatly missed.

For the Council:
A. W. Frankland, Honorary Secretary.

Council Members 1952
President: Dr. D. A. Williams, M.D., M.R.C.P., M.Sc, 20, Palace Road, Llandaff, Cardiff.
Vice-President: Dr. Vera B. Walker, Ph.D., M.Sc, M.R.C.S., L.R.C.P., 39, Park Town, Oxford.
Secretary: Dr. A. W. Frankland, M.A., B.M., B.Ch., The Wright-Fleming Institute of Microbiology, St. Mary’s Hospital Medical School, London, W. 2.

Members:
Dr. C. A. Clarke, M.A., M.D., F.R.G.P., 31, Rodney Street, Liverpool, 1.
Dr. D. Blair Macaulay, M.B., Gh.B., M.R.C.P., 73, Rodney Street, Liverpool, 1.
Dr. Harold Royle, M.B., B.S., 151, Fulford Road, York.
Dr. C. H. Whittle, M.A., M.D., F.R.C.P., 41, Newton Road, Cambridge.
Summaries of the Lectures given at the Meeting
Professor G. W. Pickering

Experiments at St. Mary’s Hospital indicate that in man AGTH and Cortisone have no effect upon the development of the “immediate” type of skin response to histamine and morphine and to pollen in the sensitive subject. ACTH and Cortisone have been found to cause a significant diminution in the erythema and induration of the “delayed” response, which reaches its height 24-48 hours after the intradermal injection of PPD or Manganese Butyrate or after the application of a patch test of atropine in sensitive subjects. Anti-histamine compounds suppress the “immediate” but have no effect on the “delayed” responses. In the “immediate” type of allergic response circulating antibodies are demonstrable and the effector agents, histamine and other substances, released from the cell probably exist preformed in it. It is suggested that this type of allergy is unaffected by cortisone. In the “delayed” type circulating antibodies cannot be demonstrated, antibodies are probably intracellular, and the effector substances are probably peptides and other substances formed during the cellular response. It is on this response that Cortisone seems to act, but at what point is not yet known. Reports concerning the effects of AGTH and Cortisone on the allergic diseases are not inconsistent with this hypothesis, but too few carefully controlled observations have been reported to allow a definite conclusion to be reached.

Dr. C. J. C. Button

The clinical use of the antihistamine drugs was discussed and it was pointed out that the efficacy of the different drugs varies considerably with the individual patient and therefore a number of different types should be tried before abandoning their therapy. The side reactions also vary considerably and the initial dose of any antihistamine should be kept low until any untoward effects have been observed. It was stressed that these drugs do not replace adequate desensitisation in cases where extrinsic allergens have been discovered. Apart from unpleasant side reactions these drugs have the disadvantage that their sole use in hay fever frequently leads after a few seasons to the onset of asthma, presumably by allowing the pollen to pass through the nose to the bronchioles. Used in their proper place these drugs constitute the biggest advance in symptomatic therapy of allergic conditions in the last decade.

Dr. H. A. Lucas

The functions of the nasal cavity, other than the olfactory sense, were briefly described. Their importance in the interpretation of the changes seen, and their dependence on the structure and the function of the erectile tissue which was described, were illustrated. The changes in allergic polypi were illustrated. The function of plasma cells which are always present was evaluated. The relationship between plasmacytosis, antibody formation and hyperglobinaemia was discussed. Specific antibody in the polyp fluid was shown to be in excess of that in the serum.

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Non-suppurative sinusitis was described and illustrated. This shows a different reaction in which lymphocytes and plasma cells predominate. An explanation of this reaction was presented. The paper was illustrated by lantern slides of microphotographs.

Dr. B. N. Halpert, Paris

Synthetic antihistaminics should be considered as agents blocking specific receptors to histamine and to endogenous substances which exert a similar action. Antihistaminics interfere in no way
with the antigen-antibody reaction which abides by normal laws. The antagonism histamine-
antihistaminics appears only on the functional alterations of smooth musculature and assumes in 
this case, the characteristics of quantitative antagonisms by competition. When histamine exerts 
an action upon the cellular function itself, the most significant of which is secretion, 
antihistaminics prove to be inactive.

Synthetic antihistaminics have a powerful action on a series of experimental and clinical 
syndromes of which the physio-pathological base is a local and general circulatory disorder with 
deterioration of capillary permeability. These disorders appear during the intoxication by 
histamine and other biological substances as well as in the course of allergic and of many non-
allergic syndromes.

In this respect, a striking parallelism may be observed between the action of synthetic 
antihistaminics and that of adrenaline. Recent surveys have determined the impact point of 
adrenaline and synthetic antihistaminics on the vascular muscle elements responsible for the 
vasomotricity of the capillary system, i.e. pre-capillary sphincters, and have shown that this 
impact is identical. Adrenaline and antihistaminics both increase the tonus of these sphincters, 
whereas histamine slackens it.

Taking these observations as a basis, it is assumed that antihistaminics prevent and correct 
vascular disorders in the above mentioned syndromes by negating the opposite action of 
histamine and histamine-like substances of the elements of the autonomous capillaromotricity. 
This integrates the antagonism histamine-antihistaminics to a particular case of their general 
competition on smooth musculature. The fact that synthetic antihistaminics do not disturb normal 
physiological functions suggests that these compounds act only when the activity potential of the 
receptor cell has been slackened by pathological factors.

Dr. J. Pepys

Current opinion on the origin of the eosinophil cell suggests that factors are liberated in the 
tissues which attract eosinophils from the blood, leading to local eosinophil responses, and that 
general eosinophil responses are due to stimulation of eosinophil myeloid tissue. These factors 
may be classified as primary and secondary. Investigation in mice, rats, guinea pigs and man 
have shown that certain nucleotides, especially adenosine triphosphate, can elicit local 
eosinophil responses, within 1 hour after intradermal injections, resembling the appearances of 
allergic tissue reactions. Injections of guanylic acid in mice and rats can produce a general 
eosinophile response. Since nucleotides are liberated in tissue damage and are known to 
influence leucocyte responses, it seems possible that they may be primary factors, whereas other 
factors such as histamine and parasympathetic stimulation which have been reported to enhance 
eosinophile responses may be secondary. Eosinophile responses are found in hypersensitivity 
reactions and in a variety of other conditions, many of which are associated with tissue damage, 
and it is suggested that liberation of certain nucleotides may be the link between them.

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