

In this number – social medicine: Olympic dimensions

This number of the Journal has a historical reminder of the early days of the Society for Social Medicine together with a commentary from the immediate past secretary of the Society and the abstracts of this year's Scientific Conference of the Society.

We are delighted also to report that one of the founders of British social medicine, Professor Jerry Morris (see the Feb-

ruary 1996 issue of the Journal) has been honoured, with Professor Ralph Paffenbarger of Stanford, by the International Olympic Committee for their long term research into exercise and health. We offer our congratulations – this Journal wishes always to support 'relevant epidemiology'.

STUART DONNAN

Editorial comment

The Society for Social Medicine; 1956 to 1996

This year is not only the Golden Jubilee of this Journal (née the *British Journal of Social Medicine*) but also the Ruby Jubilee (if there is such a thing) of the Society for Social Medicine. The decision to found a Society "with the advancement of academic social medicine, primarily in the research field, as its main object" was taken at a meeting held on 30 June and 1 July 1956 at the Ciba Foundation in London. A steering committee (John Brotherston, Richard Doll, Jerry Jessop, Tom McKeown, John Pemberton, and Alice Stewart) was appointed at the same time. The initiative for this development came from British and Irish members of the International Corresponding Club (Preventive and Social Medicine) – the forerunner of the International Epidemiological Association.

The Society held its first business meeting, again at the Ciba Foundation, on 8 December 1956. Twenty six people attended, and Stewart was appointed Secretary, Pemberton Treasurer, and Jessop Chairman. (I have just realised that despite the Society's strongly anti-sexist ethos, the word "Chairman" still appears in its constitution today, although even at its foundation a concern to avoid discriminatory language of another kind led to the word "British" being excluded from the Society's title.)

The principal activity of the Society has always been its annual scientific meetings. The first of these was held on 25–26 September 1957 in Birmingham, with McKeown's department there as its host. (On a personal note, this meeting was my own first exposure to Social Medicine's academic community – I was to join McKeown's department as a research fellow the next week, and he invited me along.) The meeting included a symposium on aspects of medical education, and 15 research papers – two on epidemiological methods, 11 on the epidemiology of various disorders, one on the epidemiology of a biological variable (blood pressure), and one on patients' needs. At least two of these papers yielded evidence that was eventually to be reflected in major changes in practice – evidence firstly that diagnostic irradiation in pregnancy increased the risk of cancer in the offspring, and secondly that significant numbers of patients in psychiatric hospitals did not need to be there. These two papers apart, I question whether any of the presentations in 1957 can be said to have described health services research.

Formal links between the Society and this Journal began in 1959. That year, the Editorial Board of the Journal was expanded to include official representatives of the Society, and the titles of papers to be read at the Society's annual scientific meeting were first published in the Journal. Fuller publication of the Society's proceedings in the Journal began in 1962 with the appearance of abstracts of nine of the 16 research papers presented at the 1961 meeting. These nine abstracts are reprinted below. I suspect that they alone were published because only they had arrived when the number of the Journal in which they appeared went to press, and that mine was printed first because it arrived first – but any "Brownie points" this might have earned me were forfeited when I failed ever to write up the work more fully! The 16

Table 1 Distribution of papers accepted for oral presentation at the 40th Annual Scientific Meeting of the Society for Social Medicine, 1996

Type of paper	No (%)
Health services research:	
On policy formulation	5 (6)
On the management of particular health problems (eg cardiovascular disease)	18 (23)
On services not problem-specific (eg hospitalisation)	7 (9)
On public attitudes to services	2 (3)
Epidemiology:	
Research on particular health problems	17 (22)
Other research on possible risk factors	
Biological variables (eg height)	4 (5)
Miscellaneous variables (eg social class)	9 (12)
Methods:	
Applicable mainly in health services research	8 (10)
Applicable mainly in studying risk factors for disease	2 (3)
Miscellaneous:	5 (6)
Total	77

papers which were originally presented comprised two on methodology, ten on the epidemiology of various disorders, and four on the epidemiology of biological variables. Again there were hardly any reports of health services research: the only paper I would describe in this way was a methodological study of signs and treatment in psychiatry, for which no abstract was published in the Journal.

The academic community engaged in epidemiological and health services research has of course grown very substantially since 1961, and so has its output of papers. Seventy seven papers – about 40% of those submitted – were accepted for oral presentation at the 1996 annual scientific meeting of the Society for Social Medicine; and whereas in the early days of the Society all papers were presented in plenary sessions, this now happens to only very few (five this year). The rest are presented in sets of four parallel sessions.

The abstracts of this year's orally presented papers appear on pages 580–600. The results of an attempt to classify them by type are shown in table 1. Just over half the papers accepted for oral presentation this year discuss health services research or methods applicable mainly in this field, which is in sharp contrast to the predominance of studies of the epidemiology of specific disorders at the Society's early meetings. But some of our pre-occupations have not changed. Among the 15 papers at the Society's first meeting, one (7%) discussed the use of social class in epidemiology, and three (20%) had cardiovascular themes. Similarly, among the titles of this year's 77 papers, eight (10%) refer to socioeconomic factors and 17 (22%) to cardiovascular issues.

It is perhaps more doubtful whether the proportion of this year's papers that will lead to major changes in practice will be as high as the corresponding figure for 1957, which was claimed above to be 13% (two in 15). The abstracts of the five papers on this year's programme that I have classified as studies of policy formulation all tend to confirm that present-day decision-makers both in and out of the health service pay little attention to research findings.

IAN LECK

(past Honorary Secretary, Society for Social Medicine)