

Editorial

International Rheumatology

World Rheumatism Year

There are far more rheumatism sufferers needing help than are getting it. This is, of course, a world problem. The patterns are different, no doubt, in different places. In less affluent countries rheumatic fever, a preventable disease, is still unprevented. In others, including our own, we can treat crippling hip disease by replacement arthroplasty, but waiting lists for hip operations are impossibly long: so long that within the present organization of hospital services there is no hope of catching up. Research has shown us what to do: we cannot always do it.

Of course it is normal for research to outstrip practice, but when it gets too far ahead we need to study the limitations or ankyloses of the world's creaking 'health care systems,' to use the sociologists' jargon. Being articulate does not just mean we have joints, it may imply we should speak out. Even in affluent Europe there are enormous differences in standards, and in the suppleness or rigidity with which medical services respond to differing needs. Some differences are to be expected since progress, whether in research or current practice, is never uniform: they are normally ironed out by contact across national and regional boundaries.

In this World Rheumatism Year (1977) it is thus of interest to survey how these international contacts are made, how they are changing and especially how they may in the future be improved. Perhaps we need some specialist in the 'sociology of rheumatology' to interest himself in the institutions and organizations which bring the world's rheumatologists together. He would certainly notice great differences compared to a few years ago, and he would soon spot further steps which seem very obvious but which are yet to be taken.

All those countries recognized by WHO which can boast a national league of rheumatologists can join a regional league against rheumatism and, with the exception of China, all the major nations have done so. For Europeans, the regional league is the European League against Rheumatism (EULAR) with its headquarters in Basle, Switzerland. 'Europe' in this context is defined (geographers please note) as all those countries which look to Europe for their main source of scientific interchange. So defined, it stretches from Iceland to Vladivostock and even

includes South Africa, pending the formation of an African Regional League. The other regional leagues are the Pan American (PANAMLAR) and the South East Asia and Pacific (SEAPALAR) Leagues against Rheumatism. All three regional leagues are federated together within the International League (ILAR). The divisions roughly correspond to those of WHO; thus ILAR relates to the International Headquarters of WHO in Geneva, EULAR to the European Regional office of WHO in Copenhagen, and so on.

The regional leagues organize international congresses of rheumatology in turn. In the fourth year a congress is held under the auspices of ILAR. ILAR will meet in San Francisco from June 26th to July 1st, 1977, followed by PANAMLAR in 1978, EULAR in 1979, and SEAPALAR in 1980. The holding of congresses was until recently the main business of the leagues. However, in 1974 in Toronto there were set up standing committees of ILAR, with corresponding standing committees of the regional leagues, whose job it was to continue the fight against rheumatism and the fight for international understanding among rheumatologists and co-ordination of their efforts, all the time, not just at the major congresses. These standing committees, on which all member countries are represented, have been grouped under six different headings and, considering the relatively short time they have been evolving, have already been remarkably effective, especially in Europe. And why not? Europe is the cradle of much of Western science. Yet because of its different linguistic and cultural background Europe is probably most in need of the organization and co-operation that a regional league can bring, and the most likely to benefit from it.

The designation, with WHO approval, by ILAR of 1977 as World Rheumatism Year has naturally been a great stimulus to the activities of the standing committees. Perhaps that concerned with International Clinical Studies and Drug Control has been the most active, and is fostering a number of major projects. An important symposium on juvenile rheumatism (in association with the International Paediatric Rheumatology Club) will discuss the medical, surgical, educational, and social problems of child rheumatism sufferers in Oslo in March 1977. Another symposium (in London) in February 1977

will consider advances in the study of inflammation. In Zurich in April 1977 there will be a symposium on the problems of the international co-ordination of clinical trials of new drugs and other therapeutic measures. This standing committee has also taken under its wing projects for standardization of interpretation of the histology of rheumatic diseases, and for the registration of adverse effects of rheumatology drugs.

A second standing committee is in charge of epidemiology, which includes nomenclature so that we Europeans can interchange our terminology in the different languages. A third deals with governmental and intergovernmental organizations, a fourth looks after education, and a fifth is in charge of community associations. The latter has a special place in the European scene since EULAR is, so far, the only regional league to admit on an equal basis national organizations which look after the welfare of patients and raise funds for research.

Finally there is a standing committee on publications, which in practice means communication in general. This is the body which advises on the policy of the EULAR Information Bulletin which is distributed to all European rheumatologists, and carries 'what's on' and 'who's who' in rheumatology, primarily in Europe. The Bulletin has recently been allowed also to publish the proceedings of symposia and conferences organized under EULAR's patronage as well as educational material and reviews. Here the interdigitation of the standing committees becomes apparent. Publication of educational material concerns both the Standing Committees on

Education and Publications. Publication of the results of symposia also affects the Standing Committee on International Clinical Studies, and so on.

Another activity of the Publications Standing Committee has been the recent meeting at The Hague of editors of European rheumatology journals. Here again this interdigitates with other EULAR activities. It is no use organizing a meeting the object of which is to improve the standards of clinical trials in Europe without remembering that the editors of European rheumatology journals are those who eventually determine whether a clinical trial is worthy of publication.

The shift of emphasis in the last four years from a central and often self-perpetuating executive oligarchy to the current system where as many as possible of the activities of EULAR are initiated by the standing committees ensures the widest possible involvement of European rheumatologists, and makes it impossible for EULAR to remain under the thumb of any one group of individuals or any one national interest.

Of course finance is a problem. EULAR does not have enough money to do all that it wants, and probably never will have. The national leagues pay about one-third of EULAR's budget, the rest coming from generous donations and services in kind from those drug companies and insurance organizations which are far-sighted enough to realize that a strong organization of European rheumatology is essential if the challenge of this hitherto neglected but increasingly prevalent group of diseases is to be adequately met.