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EMPIRE RHEUMATISM COUNCIL

SIXTH ANNUAL REPORT

MY LORDS, LADIES AND GENTLEMEN,

IN submitting the Annual Report for 1942, I express again my regret that it has been considered inadvisable by the War Emergency Committee to convene the Annual Meeting. To have asked our members, some 150 in number—practically all engaged in work of national importance, and many living at a distance from the metropolis—to meet in London would have been a trespass on energy which must be conserved for the effective prosecution of the war.

Our President, H.R.H. the Duke of Gloucester, acknowledging the Report for 1941, expressed his pleasure that "thanks to prompt action in sending out missions of enquiry to the Rheumatism Treatment Centres of America and Europe before the outbreak of war, you are now able to present a plan of treatment based on the international as well as British practice." He also warmly welcomed the close connection established with the American Rheumatism Association, writing: "In this field of humane effort, as in so many others, the best hope for the world rests with the friendly co-operation of the English-speaking peoples."

Another development in the integration of our war on rheumatism is to be recorded—the conclusion of an agreement with the British Orthopaedic Association. This can contribute greatly to the efficiency of practitioners in the diagnosis and treatment of crippling conditions caused by rheumatic diseases and also to national economy. A joint policy was unanimously agreed at a conference of representatives of both bodies in June. It is as follows:

1. The Empire Rheumatism Council and the British Orthopædic Association are in cordial agreement that their mutual co-operation in the diagnosis, prevention and treatment of crippling conditions will be of the greatest service to the health of the community.

2. Both bodies aim at close *liaison* between the physician specialising in rheumatism and the orthopædic surgeon, seeking to enlist the sympathetic co-operation of the general practitioner, the Public Health services and social workers generally.

3. Orthopædic hospitals and orthopædic departments of general hospitals should include on their medical staffs a physician with special knowledge of the rheumatic diseases.

4. Rheumatism centres should include on their medical staffs an orthopædic surgeon.

5. Since the application of methods of physical therapy and of occupational therapy for orthopædic and rheumatic patients is largely identical, a joint out-patient clinic should, wherever practicable, serve for both classes of patients. In such joint centres the orthopædic cases will be under a team headed by an orthopædic surgeon and for rheumatic cases the team will be headed by a physician.

6. In view of the growing appreciation of the importance of regionalisation of medical services the scheme for rheumatism treatment centres should be planned to fit into such schemes as may be arranged for the future. This has, in fact, already largely been done in orthopædic schemes.

7. As in orthopædic work the development of successful centres has been based upon the legal requirements of the notification of certain crippling diseases, and upon the public responsibility for the provision and payment for their treatment, so in Rheumatic Disease a similar degree of responsibility should be assumed by the State or Local Authority.

8. Adequate provision for the training of young physicians and surgeons in research, diagnosis and treatment should be associated with suitable encouragement to make the study of Rheumatic Diseases a lifework.

9. To put into effect the agreed plan of co-operation a Joint Standing Advisory Committee should be constituted of equal, or nearly equal, numbers of representatives of both organisations, with a secretariat of two, one from each organisation.

The Standing Advisory Committee has been constituted as follows: Lord Horder, G.C.V.O., F.R.C.P. (Chairman); Mr. G. R. Girdlestone, F.R.C.S. (Vice-Chairman); Hugh Burt, M.R.C.P. (acting for Lieut.-Col. Copeman, F.R.C.P.); Norman Capener, F.R.C.S.; W. A. Cochrane, F.R.C.S.; Squadron-Leader W. D. Coltart, F.R.C.S.; Prof. L. S. P. Davidson, F.R.C.P., Ed. and Lond.; A. G. Timbrell Fisher, M.C., F.R.C.S.; S. L. Higgs, F.R.C.S.; Brig.-Gen. F. D. Howitt, C.V.O., F.R.C.P.; Prof. H. J. Seddon, F.R.C.S. Joint Secretaries: Norman Capener, F.R.C.S., and Sir Frank Fox, O.B.E.

There is provision for the co-option of other members and for varying the personnel of the Committee and its secretariat.

RESEARCH

In this field progress continues in spite of the checks imposed by war conditions.

The Director of our Naval Research Foundation, Dr. C. A. Green, has been granted temporary honorary rank of Surg. Commander, R.N.V.R., a recognition of the value of his work which is highly appreciated and which will help him in his task. His term of engagement with the Empire Rheumatism Council has been further extended, as also has been that of Professor Ernst Freund (West London Hospital Section). Additional generous donations from the Sir Halley Stewart Trust and Mr. Frederick A. Pearson will assist in financing these extensions. Ultimately, some of the expense of the Foundation may fall upon the general fund of the Council, but the results already achieved and the good promise for the future demand its continuance.

Dr. C. B. Dyson continues his research effort in County Durham.

Clinical research work has been carried on (1) to find if any "specific" diagnostic tests for the rheumatic condition exist; (2) to estimate the value and appropriate dosage of gold salts in the treatment of certain rheumatic conditions; (3) to test the efficacy of a method of treatment regarding which favourable results have been reported from a provincial hospital. No definite conclusions can yet be announced. Such clinical tests, to be of value, call for strict control and much patient observation.

TREATMENT

There has been encouraging progress in this very important part of our campaign. "Rheumatism: A Plan for National Action" continues to hold professional and public attention. Grounds for confidence exist that the Plan will be accepted at least as the basis for discussion of national action in post-war health policy. Intimations from responsible authorities, national and municipal, in various quarters of the United Kingdom justify the hope that the near future will see our community equipped with such effective means for the prevention and treatment of rheumatism as our admirable Public Health Services provide for other of the greatly prevalent diseases.

Applications for the translation rights of the Plan of Treatment in Spanish and Polish have been received and granted without asking for any copyright fee. The purpose of the publication is educational, not profit-seeking. Its accounts, however, show a present small credit with promise of a larger one. I have decided that any profit should go to the Council's funds. A third edition was published in January and future reprints probably will be necessary. The circulation to date has been nearly 6,000 copies.

The Royal Canadian Army Medical Corps is giving attention to the treatment of rheumatic sufferers in the Canadian Expeditionary Force. Major Douglas Taylor of that Corps has asked for the assistance of our Council in this matter. He took a prominent part in the work of the Canadian Rheumatic Disease Association (which is affiliated with our Council). All possible help will be given. As members are aware, the "Plan of National Treatment" outlined in an appendix a method of organising treatment for rheumatism by an Army in the Field.

The British Spas have been carrying on a campaign during the course of the year, the object of which is to emphasise that their healing resources are not fully utilised. Responding to a request from Mr. John Hatton, Chairman of the British Spas Federation, "for advice and help," I have outlined the views of our Council as to the part the Spas can usefully take in the War on Rheumatism. With a recognition that they are not at present utilised to the full extent possible and desirable, the points I impressed were: (1) that Spa treatment should be available to all sufferers for whom competent medical advice judges it neces-

sary; (2) that Spa authorities should shape their policy to provide for people of little means; (3) that regional allocation of patients to the Spas is wise for reasons of economy in travelling, but there should be an over-riding medical allocation if some Spa is judged most suitable for a particular type of case. I suggested that the Spas could usefully engage at present in a special survey of their medical staff arrangements and expressed the opinion that—if this is not already the case—every Spa should have on its consultant (or permanent) medical staff at least one physician with a specialised knowledge of the Rheumatic Diseases and one orthopaedic surgeon.

The American Congress of Physical Therapy, 1941, granted to our Hon. Medical Secretary, Lieut.-Col. Copeman, a Gold Key award for his work on Rheumatism with the B.E.F. in France, "in developing a remarkable physical therapy organisation in the Field under the most unfavourable conditions." This recognition by our American colleagues is welcome. The importance of Lieut.-Col. Copeman's work was in its practical demonstration of what has been our constant theme: that Rheumatism Treatment need not be vastly expensive nor depend for effectiveness on elaborate apparatus.

Increased pressure on the services of the very few treatment centres situated within the industrial areas of the kingdom is again to be recorded. As before noted, some of the Spa institutions are not fully utilised, but, valuable as is the part they can take in regard to rheumatism treatment, obviously they cannot meet the needs of the many thousands of sufferers who require means of treatment near to their homes. Citing the experience of centres with which the Empire Rheumatism Council is in close touch, the Red Cross Clinic, London, reports a constantly increasing demand, over-taxing its present accommodation. The Clinic of the Order of St. John, London, reports to the same effect (it has the advantage of being able to refer those requiring in-patient accommodation to the arthritic unit of St. Stephen's L.C.C. Hospital). The clinic at the West London Hospital, established in 1938 by our Council in co-operation with the boroughs of Fulham, Hammersmith and Kensington, has made great progress; the number of patients treated has risen by 50 per cent. since 1939, and the medical staff has been increased from two to six; this clinic also has the advantage of being able to send severe cases to an E.M.S. Hospital for in-patient treat-

ment. Other treatment centres in England and Scotland report full utilisation of their services.

The position, however, still remains that to the great majority of sufferers no facilities for appropriate treatment are available. Yet, as the statistics of clinics show, a proportion of about 60 per cent. of sufferers get cure or substantial relief if given the right treatment at an early stage, and this without serious disturbance of their industrial or domestic life.

ADMINISTRATION

The Council will wish to concur in an expression of high appreciation of the good care which has been given to our affairs by the members of the War Emergency Committee—viz., Dr. C. W. Buckley, Lieut.-Col. W. S. C. Copeman, A. G. Timbrell Fisher, Dr. Mervyn H. Gordon, Col. the Rt. Hon. John Gretton, Brig.-Gen. F. D. Howitt, Sir Walter S. Kinnear, T. W. Robinson, H. Gordon Thompson, and Dr. Hugh Burt. The last has been co-opted to the Committee whilst acting for the hon. medical secretary, now absent from the kingdom on service abroad. Every call on their time has been cheerfully met. My medical colleagues, I know, will agree with me in giving special mention to our three lay members, the Rt. Hon. John Gretton, Sir Walter Kinnear, and T. W. Robinson. A great source of strength to the Council has been the assiduous help of these gentlemen of administrative and financial ability. To our organising secretary, Sir Frank Fox, with his vision and unique experience, we cannot be too grateful or express too much appreciation.

THE OFFICIAL JOURNAL

Our Official Journal maintains its high scientific standard. Articles published represent now in almost equal proportion British and American work on the problems of rheumatic disease. Members of the Council are urged to help its circulation among the medical profession and laymen interested in public health.

THE FUTURE

The urgent task for the near future will be the organisation of an adequate scheme of post-graduate education in rheumatic disease. I fervently hope that it may be timed for 1943, with the war ended and the nations of good intent facing with sober

faith the serious task of "winning the peace." Not the least part of that task will be the pursuance of a courageous policy of "social medicine," one aspect of which will be our special care. In that effort, "Wisdom is the principal thing. . . . Wisdom cometh, length of days in her right hand." There will be need to foster a more intensive study of the rheumatic diseases, both in respect of causation and treatment, in the medical profession, in the realm of administration, and also among the people so that they, too, may contribute the essential element of self-help.

(Signed) HORDER.