

Lesions of the intervertebral disks  
 Non-articular rheumatism ("fibrositis")—in various  
 parts of the body  
 "Rheumatism" unspecified.

A summary of statistical studies which have been made in several countries during or since the Second World War is included in an appendix to the report. Though these studies are of limited value, they give some idea of the prevalence and incidence of the rheumatic diseases. For example, in a survey made of a "probability" sample of the population of the U.S.A. in 1951, the main conclusion reached was that there were about ten million persons over the age of 14 years (*i.e.*, about one-tenth of the total population over this age) who believed they were suffering from either "arthritis" or "rheumatism". It was estimated that about six million of these ten million persons had been told by a doctor that their complaints were due to one or another of these two conditions.

A study of rheumatic diseases as causes of disablement and of long- and short-term illnesses in relation to the social security arrangements of the metropolitan Paris area revealed that, in about 10 per cent. of 50,000 disabled persons, the cause of the disablement was a rheumatic disease, 40 per cent. of these 5,000 persons being disabled by the cardiac sequelae of rheumatic fever. About 6 per cent. of 50,000 cases of long-term illness (*i.e.*, longer than six months but less than three years) were also attributed to rheumatic diseases, excluding cardiopathies due to rheumatic fever.

In Sweden, an inquiry made in 1943 showed that during the year 2.5 per 1,000 of the population had sought medical care for rheumatoid arthritis; 1.7 per 1,000, for osteo-arthritis; and 4 per 1,000, for sciatica and fibrositis. The data also revealed that the total number of sufferers from rheumatic diseases (including rheumatic fever) that had received medical care was about 90,000. During the year, approximately 2,100 hospital beds were occupied by rheumatic patients, but it was estimated that the total number of beds needed for treatment of such patients was about 5,000, or at least seven per 10,000 of the population.

No definite conclusions about the aetiology and pathogenesis of rheumatic diseases can be drawn

from the studies made thus far. However, certain generalities emerge concerning age and sex incidence: in rheumatoid arthritis, there is a higher incidence in the middle age-groups of the female sex than in the male; there are also differences in the sex incidence of osteo-arthritis, in which incidence appears to rise steadily with age; and some studies indicate that among men laborious occupations are associated with an earlier onset of some chronic diseases with rheumatic features (*e.g.*, lesions of the intervertebral disks) than is the case among the general population.

#### Prevention, Control, and Treatment

Specific preventive measures against the rheumatic diseases are as yet not feasible, except possibly against rheumatic fever, in which the streptococcal infection is probably an aetiological factor which might be countered by the use of antibiotics and of sulfonamides.

Early recognition and prompt treatment are very important. Treatment methods are largely empirical but may nevertheless yield good results. The most commonly used methods are general medical measures, including the administration of special drugs such as gold; physiotherapy; and orthopaedic techniques, including splinting, manipulation, and operative procedures. The report states that the use of active steroid and other hormones, which has recently been tried, can be of value in carefully selected cases, but must be considered as still largely in the experimental stage.

It is essential that adequate treatment facilities and hospital beds be made available for patients suffering from rheumatic diseases; that general practitioners be better informed concerning the management of rheumatic cases; that the services of specialists in these diseases be at the disposal of patients and of general practitioners; and that research on the rheumatic diseases be encouraged. Attention must also be given to limitation of disability, through patient education as well as therapeutic measures; to rehabilitation of those disabled by rheumatic diseases; and to health education of the public, which is needed to correct the erroneous belief that these diseases are incurable, practically untreatable, and usually disabling.

#### CORRIGENDUM

Volume 13, March issue, p. 74, in the list of officers of the Heberden Society:  
 For C. E. Fletcher please read E. T. D. Fletcher