

ANNALS OF THE RHEUMATIC DISEASES

THE WAR ON RHEUMATISM

BY LORD HORDER

Chairman, Empire Rheumatism Council

THE conclusion of five years of work and the opening of a new volume of our official journal prompt a brief survey of our achievement and our future prospects.

At the outset let me record the following letter from H.R.H. the Duke of Gloucester, for whose continued warm interest we are heartily grateful:

“As President, I congratulate you and your colleagues on the very good progress made by the Empire Rheumatism Council during 1941.

“It is particularly encouraging to note 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 international as well as British practice.

“I warmly welcome the close connection with the American Rheumatism Association. 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.”

Since readers of the ANNALS have had the opportunity of studying our Annual Reports (the fifth was published in the last number), a mere factual record would be redundant. I prefer to take this occasion to examine the case of the Opposition—for there *is* an Opposition, few in numbers and, I believe, mistaken in outlook—as a convenient means of measuring our achievement.

One critic of our Fifth Annual Report complains that, after five years' work, we have not yet discovered the primal cause

of rheumatism. That shows a strange misunderstanding of the nature of the task of the research worker in this field. It is clear enough to the instructed mind that we are dealing with a congeries of disease processes, and not with a single disease. A primal cause is therefore not our aim. Our aim is the discovery of new facts which, together with those already known, will enable us to piece together the jig-saw puzzle which we call "Rheumatism." But in convincing a community (as we must strive to do) of the necessity of our task, and that it is being diligently pursued, we are not dealing solely with instructed minds. It is wise, therefore, to take every opportunity to explain the high degree of patience and labour demanded by medical research in its quest for the elusive causative agencies of disease and to emphasise the many trails which must be followed because they give promise at first but, followed to their end, lead nowhere, or do not lead to the particular end in view. It is sufficient to justify a research campaign, covering so wide a field as ours, if it can show that it has been industrious and intelligent in using its resources. We may claim that credit. Altogether we have financed, or have assisted in financing, sixteen distinct research efforts extending over long periods. All of them have given some hint as to the solution of the problems confronting us. In some cases the hint has been positive, suggesting that we are on the right track. In other cases it has been negative. Both classes of hint have value. All criminal investigators, whether the professionals or those brilliant amateurs familiar to readers of "thrillers," agree that a useful part of their task is by inquiry to exclude from a group of suspects those who are evidently not guilty.

The most extensive of our research efforts so far has been that into the causes of the incidence of acute rheumatism in the training establishments of the Royal Navy. This inquiry gives good promise of some definite results. If so, the credit will belong equally to the E.R.C. and the Admiralty Medical Services, since the latter made this investigation possible and gave it cordial help. The research is being continued in spite of the war.

Unhappily, serious handicaps on our research work have been inflicted in other directions by war conditions. The intention to bring to Great Britain one of a group of Polish scientists, who had very substantial evidence to support their claim to have

discovered a serological test of value in rheumatic disease (a most important achievement if the claim is substantiated), was frustrated by the outbreak of the *furor teutonicus*. Pertinacious effort through several diplomatic agencies to discover if these Warsaw workers are still alive has failed. Also, one of our Travelling Fellows barely escaped from Central Europe in 1939. Those are but two out of several war incidents which have affected our work. Yet it would not be right to give the impression that, but for the war, a five years' term would have been sufficient. Scientifically we can state no exact term. All we can say is that there is ground for believing that it will be a reasonably short term and that, humanly speaking, success is certain.

Already we have made considerable progress in that section of our work which deals with the means of treatment of rheumatic disease. Last year we felt justified, after a prolonged and systematic investigation of all the problems involved, in placing before the profession and the lay interests concerned the "blue print" of a plan by which a community could put to practical use the means by which, in the present state of medical knowledge, the crippling ravages of rheumatic disease can be greatly limited. The plan was admittedly tentative: it was intended as a basis for discussion, to bring the issue into the region of practical medical politics. The medical and the lay Press were specifically invited to criticise the proposals made in this scheme. There has been a remarkable absence of any adverse criticism, though much highly favourable comment. No one has said that the plan is unnecessary or impracticable. There have not been even suggestions for amendment in detail, though these we must expect (and shall welcome) as progress goes from the "blue print" stage to that of installing the machine tools and designing the lay-out. Without bringing into the balance those considerations of humanity which urge us to action against what, in the mass, is the greatest cause of pain in modern life, it may be said that this matter of treatment has been narrowed down to the question, "Shall we grudge a penny and waste a pound?" Perhaps some of us, looking out upon the world of today, may question the advantage of that longer life which medical science, with the assistance of its lay helpers, is giving to man. None will question the advantage of a more pain-free life.

Finally, but by no means least importantly, the Empire Rheumatism Council can congratulate itself on the fact that,

within the term of five years, it has secured a close Anglo-American alliance in the War on Rheumatism. That, as our President notes, is of supreme value. There is no humane scientific task beyond the range of our joint accomplishment; and we shall be reinforced in due course by the efforts of Russia, of China, and of the liberated peoples of Europe.

HÆMOLYTIC STREPTOCOCCAL INFECTIONS AND ACUTE RHEUMATISM*

By C. A. GREEN

NOTE.—This paper summarises the contents of a thesis presented for the M.D. degree to Edinburgh University. The thesis served the dual purpose of reporting in detail the work carried out during three years' tenure of the Sir Halley Stewart-Frederick Pearson Research Fellowship of the Empire Rheumatism Council, and of indicating the interrelationship of the various problems which have been studied.

GENERAL INTRODUCTION

RHEUMATISM now rivals tuberculosis as the infective disease which most seriously impairs the economic efficiency of Great Britain. The extent of the problem may be gathered from such facts as that the London County Council alone expends almost £250,000 annually on the prevention and treatment of juvenile rheumatism. Whereas vigorous counter-measures have produced a steady decline in the incidence of tuberculosis, it is unlikely that a parallel reduction in rheumatism has occurred. It is a regrettable omission in public health administration that acute rheumatic fever is rarely notifiable. The approximate incidence can only be deduced from returns issued by sections of the community. These indicate that the severity of the disease, particularly in regard to the appearance of cardiac complications, has increased in certain sections of the community from whom statistical returns are available.

Surveying the end results in a series of 300 cases of juvenile rheumatism, Wallace (1937) recorded that 25 per cent. of all rheumatic children died from heart disease before they reached school-leaving age, and a further 30 per cent. were crippled for life. This did not appear to be a local excess, for in the London area 20 per cent. of rheumatic children were fit only for light employment when they left school. Davidson and Duthie

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