

EMPIRE RHEUMATISM COUNCIL

ANNUAL REPORT, 1945 *

BY

LORD HORDER

MY LORDS, LADIES, AND GENTLEMEN,

It is with sincere pleasure that I once more welcome members of the Empire Rheumatism Council assembled in Annual Meeting. Since November 1938 your officers have been deprived of the valued assistance which you can give them by debate on the records of the past and the programme of the future. Between then and now you have been informed of all important developments through the Annual Reports, circulated with invitations to submit criticisms and—if any members thought that necessary—to ask for the summoning of a meeting. That procedure—though it brought each year a tacit vote of confidence by the absence of criticisms (a negative gesture which is gratefully acknowledged)—could not be as satisfactory as the stimulus to be drawn from discussions with members. But, combined with the “telescoping” of all the Standing Committees into one fully representative War Emergency Committee, it was the only practicable way of carrying on during the war emergency.

In 1939 there was a not inconsiderable body of opinion among those whom you had elected to the control of the Council that its work should be suspended for the duration of the war in Europe. The ultimate decision to continue without interruption, but with all possible economy of administration, was, after discussion, accepted unanimously. The record of accomplishment since that time, despite obstacles, suggests that the decision was a wise one. True, the highly promising progress of 1937 was not maintained. The 1938 Annual Report, as you will recall, noted “serious anxiety” regarding the international position: our opening public appeal meeting at the Mansion House (1939) when our Royal President, in an eloquent address, “with all confidence” commended to the good will of the people the work of our Council, actually coincided with the date of the first War Budget, with its implicit call to earmark all national resources for the defence of civilization. The Fates had granted us only one year of peaceful progress.

WAR-TIME DIFFICULTIES

War-time difficulties were great. The chief of these was the consequent diversion of scientific

workers from our campaign. Those with special knowledge of the problems of rheumatic diseases were, in 1939, few in number. Most of them were withdrawn for the Defence Services and for the Emergency Medical Service. Of the small remnant left practically all accepted many extra duties in the national interest. Thus for the scientific work of our Council there was left, not the leisure hours of a few—for leisure hours simply did not exist—but the resolution of that few to add to an already overburdened life further effort for a good cause. To them, especially to the serving officers who gave up much of their scanty periods of leave to carry on our work, we owe a great debt of gratitude.

Damage from enemy action was not inconsiderable. The office of the Council had to be vacated when the building had been almost completely destroyed after a series of bombing attacks; fortunately all records were saved. The temporary office—there was no removal to a “safe area”—was slightly damaged and for a long period threatened by an unexploded bomb. But work was never suspended. A bomb destroyed the laboratory on the premises of the St. John Clinic; the equipment was saved. A more serious “casualty” was the taking over by the E.M.S. of the Rheumatic Unit—a laboratory and an in-patient ward—established at the Hospital of St. John and St. Elizabeth. The laboratory used by the Naval Research Foundation at Greenwich was closed for a short period but subsequently, by agreement with the Admiralty Medical Services, transferred to a site near Bristol. From 1940 only one of our three established laboratories was working.

Research progress suffered also from some frustrated hopes. I shall cite only one example. Some scientists of Warsaw University were announced to have made a notable advance in discovering a serological test of diagnostic value in rheumatic disease. We were in touch with them and were on the point of welcoming one of them to England for a full test here when the Nazis engulfed Poland. All efforts have failed to trace any one of the group as a refugee. We are forced to conclude that the Polish scientists were among the many victims of the Nazi policy of exterminating the intellectual leaders of the peoples in occupied countries.

Interruption of our work in promoting the establishment of treatment centres was also serious. In 1939 arrangements had been completed for the

* The following is the text of the Report presented by Lord Horder for approval to the Annual Meeting of the Empire Rheumatism Council.

establishment at a group of collieries of a model treatment centre, the working experience of which would have been a guide to the whole coal-mining industry. War controls stopped the building of the Centre. Several other promising developments of treatment centres had to be postponed for cognate reasons. Fortunately, the rheumatism department promoted by the Council at the West London Hospital developed its activities considerably. Other treatment centres in the kingdom which are in close relation with our Council suffered severely.

Another war check to the prospects of rheumatic patients obtaining relief may be recorded. Before the war we had an assurance from the London County Council Medical Services that the admitted serious lack of rheumatism in-patient accommodation in the area under their administration would be partly remedied by the ear-marking of beds released by the dwindling incidence of tuberculosis. Unhappily the war, causing a demand for beds for battle casualties and also causing a recrudescence of tuberculosis, has nullified this. Thus, whilst in 1939 there was a growth of facilities for treatment, the position in 1945 is worse than it was six years ago, and calls for the most energetic action lest the ravages of rheumatic disease—the most serious enemy of home happiness and industrial efficiency—should be increased.

One further frustration is to be noted. Negotiations with friends in Australia had led to the summoning there in 1940 of a Continental Medical Congress the chief work of which would have been the consideration of the problems of rheumatism and the establishment of a council affiliated with our own. The war made postponement necessary. This delay in recruiting a whole continent to the war on rheumatism was a great disappointment.

This review of obstacles is not made by way of vain lament but to indicate the difficulties encountered and to impress the need for vigorous effort in the future.

To pass now to the record of achievement. It will be convenient to summarize briefly the work of the whole period, under its chief headings, since the foundation of the Council.

RESEARCH

The chief work of the Council has been in the direction of laboratory and clinical research into causes and means of treatment. Owing to the very generous co-operation of the Press (individual newspapers and agencies) our existence and our aims have had world-wide attention. Correspondence has totalled thousands of letters, some from remote quarters of the globe. A proportion of these, embodying crank notions or having palpably a money motive, called for no other attention than a civil reply. We could not enter into investigations, for example, as to the relations of the measurements of the Pyramids to rheumatic disease; nor attempt to prove or disprove the claim that a certain variety of apple (grown by the correspondent) was an infallible cure for all forms of rheumatism. Nor were we

responsive to a number of domestic and foreign "healers," without any traceable medical qualifications, who would be willing to come to London (if provided with large sums of money) and prove conclusively the efficacy of their "cures." But no suggestion which was of good intent was ignored, whether from lay or medical sources, and, in addition to the many suggestions which could be submitted at once to laboratory or clinical investigation, there remain on record several which were impossible of investigation during the lack of a national chain of treatment centres dealing with the great body of rheumatic sufferers. These will be studied in the future when that lack is remedied.

Whilst only an insignificant percentage of sufferers have available, under observed conditions, those means of treatment which the present state of medical knowledge affords, clinical research is seriously handicapped in securing definite decisions. The right verdict on any proposed new treatment, or new development of any existing method of treatment, can be arrived at only by observation, under conditions of control, of a large number of patients accurately diagnosed in the first instance and subsequently checked for a period to note whether "cure" or substantial alleviation is permanent or merely temporary. There is often a temptation to claim a "cure" by some individual practitioner founded on his own experience only. But it is a principle of medical science to define the word "cure" as something which can be applied by the medical profession generally.

In this field of clinical research our scientific committees have dealt with 256 suggestions from many parts of the world. Most of these required only brief attention because they were repetitions of, or slight variants from, well-known treatments. Others required, and received, more particular study. Grateful acknowledgement is due to the few available treatment centres of the kingdom for their cordial co-operation in conducting tests.

In laboratory research we have financed five long-term investigations for periods ranging up to eight years and fifteen short-term investigations, usually for a term of one year. These have been at universities and hospitals possessing the necessary facilities. A major task has been that of the Naval Research Foundation. This was founded in 1938 to investigate the causes, and the best means of treatment, of rheumatic disease in the Training Establishments of the Royal Navy. Funds were provided by the generosity of Mr. Frederick Pearson and the Sir Halley Stewart Trust. The work of the Foundation has been continued until the present year; on a reduced scale during the past two years. The Admiralty Medical Services have judged it to be highly satisfactory. It was the subject of a thesis by Dr. C. A. Green, Director of the Foundation, to Edinburgh University (1941), gaining for him the M.D. and Ph.D. degrees and a gold medal. A branch of the Foundation was established at the laboratories of the Frederick Pearson Foundation at the West London Hospital, and work there sug-

gested a new line of biochemical investigation, which, for its proper examination, must await the establishment of the national chain of treatment centres.

A munificent gift by Sir Alexander Maclean financed the establishment in 1937 of two research laboratories. That at the Hospital of St. John and St. Elizabeth, with its in-patient ward, called for an added block to the hospital premises, the foundation stone of which was laid by the late Sir Kingsley Wood, then Minister of Health. This, as before noted, was closed in 1939 owing to the hospital being taken over by the War Emergency Service. The Research Director, Dr. C. B. Dyson, had done valuable work resulting in the suggestion of a virus origin for certain infective forms of rheumatic disease. Dr. Dyson has since continued this work as far as practicable in County Durham. Another piece of research was undertaken at this hospital by Dr. Hugh Burt, on the value of occupational therapy in the treatment of rheumatic disease. This was a pioneer effort in that field and Dr. Burt's conclusions have since been widely adopted.

The second laboratory was established at the St. John Clinic, London, having a link with the St. Stephen's Hospital Rheumatism Ward. The Director, Dr. H. J. Taylor, did valuable work, especially on the physical problems of rheumatic disease. The laboratory was destroyed by enemy action in October 1940.

It would be impossible in this report to attempt even the briefest summary of the results of our laboratory research work. The official journal, *Annals of the Rheumatic Diseases*, has recorded them fully. I commend this publication to members of the Council and to others who are interested in public health questions. Our cordial thanks are due to the British Editors and their colleagues in the United States who have maintained the journal during six most difficult years. To the best of my knowledge it is the only European scientific publication dealing with rheumatism which has survived war conditions. As you have been informed, it is now published quarterly by the British Medical Association, with an Editorial Board representing the Empire Rheumatism Council and the *British Medical Journal*.

I venture the opinion, which is endorsed by scientific observers abroad, that, regarded in the aggregate, our research work has contributed materially to existing knowledge of the problems of rheumatism. That negative, or "not-as-yet-proven," decisions have resulted on some questions was to be expected. To rheumatic sufferers this is disappointing; the scientist will recognize that even a negative decision has its value and that it would be a failure in duty to neglect to investigate any suggestion which seemed to offer hope and without regard to the issue.

PROVISION OF TREATMENT

It is in this section of our work that the most definite progress may be recorded. The decision of the Government, endorsed by Parliament, that in

future health policy all those suffering from sickness or injury would have available "treatment appropriate to their needs" opened a new era in the history of the social plague of rheumatism. Though there was in the announcement of the decision no specific mention of rheumatic disease (nor of several other diseases) the governing word was "all," and specific statements since then have cleared away any possible suspicion that "all" meant "all except the rheumatics." We must give the credit for this promise of great reform in health administration to the wisdom of our rulers, but the Empire Rheumatism Council fairly claims its share of that credit in arousing public opinion, the ultimate authority in a democratic community.

It will be useful to note, very briefly, the progress of events leading to this decision:

1. The National Health Insurance Act of 1911 provided medical advice and treatment for employed persons below a certain level of remuneration. There were, however, two great defects. The wage-earner was insured but not his or her dependants. Sufferers from rheumatic disease were in the main excluded from appropriate treatment, though it was implicitly recognized that for them something more was needed than would be available to the panel practitioner. So provision was made in a subsequent amending Act for rheumatism treatment as an "additional benefit" and for the approval of treatment centres to give that treatment. But two limitations were imposed which debarred most sufferers. The "additional benefit" was available only to those belonging to the prosperous Approved Societies which had surplus funds after meeting other obligations; and treatment centres (approved) were insignificant in number and out of reach of the majority of the population.

2. At the beginning of its campaign the Empire Rheumatism Council recognized that the treatment problem was of paramount importance, since success attending research into aetiological causes might not be achieved for many years. There was one certain factor in facing this problem: that many morbid conditions are successfully treated in medical practice though their aetiological cause is not yet known. There were two factors not so certain: (a) whether, in the present state of medical knowledge and given proper facilities, rheumatism could be successfully treated, and (b) whether, in our country, knowledge on the subject needed to be supplemented to make it as good as in other countries. Prompt steps were taken to get more information on these points by a survey of rheumatism treatment at home, in Western Europe and in North America. Two research workers, Dr. W. S. Tegner and Dr. Duthie, were engaged on this task, the former covering most of Western and Central Europe and some centres in North America, the latter some centres in the United States. A generous gift from Sir Alexander Walker provided the expenses of Dr. Tegner's investigations. The conclusions from this survey were: as regards (a) that treatment based on present knowledge was efficacious

in the majority of cases, if applied at an early stage, but in a progressively reducing proportion of cases if neglected; as regards (b) that British knowledge of treatment was fully up to the international standard but that its application was much below the level in some other countries.

3. The result of this survey and of much other ascertainment was the publication (March 1941) of "Rheumatism—A Plan for National Action." This was submitted, in the first instance, as a tentative plan with an invitation for constructive criticism both on its medical and on its administrative aspects. No such criticism came, but, on the contrary, full approval from the medical and lay press, from public health committees in different quarters of the kingdom, and from several countries abroad. The Plan sought to show how this social plague could be combated with reasonable regard to economy and to our national way of life. It may be confidently assumed that, in its main principles at least, the Plan will be the basis of the future national action recently promised.

4. In October 1941 came the Minister of Health's statement of governmental policy to the effect that a post-war scheme would ensure "that everyone will receive the treatment appropriate to his need."

5. A post-war survey of treatment in Sweden, carried out (1945) by Dr. W. S. C. Copeman with the courteous assistance of the Swedish Government, fully confirmed the conclusions stated in paragraph 2.*

The promise of national action leaves to the Empire Rheumatism Council for the future the task of doing its utmost to ensure that the treatment centres established will have efficient medical staffing.

On the subject of treatment there may be added to this survey a few additional facts. For the civilians' benefit the Treatment Centre at the West London Hospital has done constantly progressing work; other centres have been assisted to the best of our ability; and by private correspondence, amounting in the aggregate to several hundred letters each year, individual sufferers have been advised. For the benefit of the Armed Services we have acted in close and efficacious co-operation with the Naval Medical Services; in the Army we have secured the establishment in one Home Command of a special rheumatism ward and another in France, where Dr. W. S. C. Copeman on the one hand set an example of good results following improvised equipment, and on the other hand showed that economy can be consistent with efficiency. (See the *Journal of the R.A.M.C.*, May 1940.)

EDUCATION

A very important need of the near future is to ensure that a National Plan of Treatment is not hampered in its development by lack of practitioners to staff effectively the new centres to be set up. On the long-term view this matter of educating the profession must be the task, primarily, of the Uni-

versity Medical Teaching Schools and our part is to stimulate this. It is encouraging to note that Bristol University and the West London Hospital have set a good example. In the short-term view it is clear that there is immediate need for a comprehensive series of postgraduate courses to give a selected number of practitioners special training in the diagnosis and treatment of rheumatic disease. The necessity for this has been recognized for some time. Action was hindered by war conditions making it impossible to obtain both teachers and learners. In preparation for more favourable conditions a representative Committee was set up (1944) with Sir Adolphe Abrahams as its Chairman and including representatives of other medical bodies such as the British Orthopaedic Association, the British Association of Physical Medicine, and the Society of Industrial Health Officers. Clearly this work must not be restricted to a London centre. But a beginning has been made this autumn and extension of the work will have a high priority in 1946.

Not only education of practitioners but education of the public—its leaders and the general commonalty—on the prime importance of checking the ravages of rheumatism, is also our concern. In this section of work we have reason to be well satisfied so far. Public opinion, which, I repeat, is the controlling force of official action, has been effectively aroused. No longer is rheumatism regarded as a misfortune inevitable because of our climate, nor as something which is comparatively trifling in the category of the ills of mankind. There have been published large numbers of articles on the subject in the medical press and in the important lay publications of the British Commonwealth. I cannot attempt a comparative statement of the meagre press attention to rheumatism before 1938 and since, but the growth has been from an insignificant amount to its present impressive volume. The generosity of the press has been all the more significant in face of the grave difficulties from paper shortage.

Educational meetings have been rare in the past year and indeed in all the war years. In pre-war days they averaged more than one per week: the Rotary movement had been very helpful in this respect, providing audiences for over sixty addresses in London and the provinces.

ADMINISTRATION

Cordial relations have been maintained with the Ministry of Health, the Medical Research Council, and other public and private organizations within the Empire and with our colleagues in the United States. The Minister of Health has taken an important step in setting up a rheumatism sub-committee of his Medical Advisory Committee. The Chairman of this sub-committee is Professor Henry Cohen of Liverpool University, and your Council is well represented upon it.

You will have occasion later to express your thanks to the War Emergency Committee and to the staff. I shall not anticipate that nor shall I trespass

* See page 17.

On the report of the Finance Committee, which will review our financial position, but I venture an approximate cost analysis of the proportion of expenditure in the respective departments of our work. Such an analysis shows 38% of the total was spent on research work; 36% on treatment work; 15% on educational propaganda, and the remaining 11% roughly divided between appeal work and general administration. Exact detailed figures of our wide range of tasks would be difficult owing to the fact that one official, with one clerical assistant, acts as appeals secretary, financial secretary, publicity officer, and general administrator.

An agreement for full co-operation with the Heberden Society, a group of medical men devoted to the discussion of the clinical problems of rheumatic disease, will lead to a valuable development of our campaign.

The committees which you elect at this meeting will have available to them a series of memoranda on various pending developments, scientific and administrative. Detailed discussion on these matters may well be left to their deliberations. One step had to be taken by the War Emergency Committee in advance—viz. the transfer of the headquarters office from its temporary site in Hampstead to offices at B.M.A. House, Tavistock Square, leased from the Royal Medical Benevolent Fund Ladies' Guild.

Our committees and their officers will face strenuous and difficult tasks, but I think they will find sustaining comfort in the record of achievement since our foundation which I have attempted to give you. A scheme of national treatment has been promised on the highest authority. Public opinion

has been definitely recruited for our support. A good measure of progress has been achieved in research.

THE FUTURE

If I were to state what I consider to be our tasks in the coming year and in future years I should say they are:

1. To continue research, laboratory and clinical, inviting proposals from all competent quarters.

2. To promote measures for postgraduate and graduate education in the problems of rheumatism.

3. By lectures and articles to keep public opinion instructed.

4. To resume the interrupted effort to establish affiliated Councils in the provinces and the Overseas Dominions.

For the future I have no misgivings. As I was never tempted to join those happy optimists who thought that the cease-fire order would promptly usher in a rosy dawn of days when we might "live and lie reclined" as in the Land of the Lotus-Eaters, so I am convinced that austere years will follow. Yet I have great faith in the stubborn courage and the good sense of the British race to face difficult times. That faith is supported by the experience of many crises in our history when quick recovery from what threatened to be mortal wounds was followed by great advances in prosperity. It is above all the good sense of the people that will need to be fully evoked for the immediate future—the good sense to insist that the well-being of its people is the surest basis of a nation's security and that the most tragic form of economic waste is the neglect of preventable disease.