

## CHRONIC RHEUMATISM IN SCOTLAND

The Department of Health for Scotland has recently issued a report on chronic rheumatic disease drawn up by the Scottish Medical Advisory Committee. It is an admirably lucid and comprehensive review, and will rank with the key publications on this subject. The authors are Sir John Fraser, Sir Alexander S. M. Macgregor, Professor Adam Patrick, Dr. D. Dale Logan, Dr. A. F. Wilkie Millar, Dr. J. M. Johnston and Mr. H. V. de Lorey. The publishers are H.M. Stationery Office, Edinburgh, and the price sixpence.

The authors begin with stating the classification they have adopted, which, though not as detailed as other classifications such as that of the Royal College of Physicians (England), is sufficiently clear for their purpose. (The "acute group," rheumatic fever and sub-acute rheumatism, are excluded, as also is arthritis of known specific aetiology—e.g. gonococcal arthritis.) Conclusions as to incidence are drawn from a wide range of statistical evidence, chiefly the records of the Scottish N.H.I. There is the wise precaution of noting that the figures are subject to the qualification that many conditions with insufficient care in diagnosis may be mistaken for rheumatism. Throughout the authors impress that accurate diagnosis at an early stage is of the first importance in any national plan for the treatment of rheumatic sufferers. "Ineffective treatment is often due to insufficient clinical investigation at the outset."

The statistics of incidence, allowing for all reservations, give an impressive picture of the damage to home happiness and industrial efficiency from the ravages of rheumatic disease. In Scotland (population 5,000,000) among the insured class in 1938 there were 45,300 new cases of incapacity from this cause; and the insured class by no means represents the whole of the nation. Occupational figures of incidence are highly interesting. "It may be estimated in round numbers that each year rheumatic conditions incapacitate:—

*Men.*—1 in every 21 miners.  
 1 " " 29 general labourers.  
 1 " " 37 transport workers.  
 1 " " 39 metal workers (including iron and steel industries).

*Women.*—1 in every 37 domestic workers (including charwomen).  
 1 " " 37 agricultural and fishing workers.  
 1 " " 40 outdoor workers.  
 1 " " 43 transport workers."

To deal with this serious incidence it is recorded that

"there is general agreement that the existing facilities in Scotland for the diagnosis and treatment of rheumatism are quite inadequate. For economic reasons the great majority of rheumatic patients depend on the services of the general practitioners, the general hospitals and a few small special clinics. The resources of most nursing homes and the private services of skilled physiotherapists are limited and are beyond the means of all but a few; the same is true of the Scottish Spas and the one hydro-pathic institution which has some equipment and arrangements for medical supervision. Most rheumatic patients usually need some form or other of physiotherapy which can be given by the general practitioner only "if he possesses the necessary apparatus and assistance for systematic treatment. Treatment by the family doctor, therefore, is necessarily limited in most instances to symptomatic relief in the more acute phases of chronic rheumatism and to a few forms of general and local medication."

So much for the evil. As to means of relief the authors state:—

"So little is known about the nature and cause of the rheumatic diseases that treatment is still largely empirical. Nevertheless, if begun before the disease is far advanced, therapeutic measures can do much to alleviate symptoms, lessen the risk of deformity and cut short the period of disablement. The Sub-committee were impressed by the encouraging results obtained by thorough treatment given under proper conditions."

It is a cautious estimate of the prospects of relief, distinctly below what may be styled in mining terms the "battery reports" of well-administered treatment centres. But it is sufficient to lead the Rheumatism Sub-committee to strong recommendations:—

"We recommend that, in at least one hospital affiliated to each of the four Universities, from 20 to 40 beds should be available as a central unit for the intensive study of chronic rheumatism, especially, to begin with, of the articular types. These central units might be linked up with the University Departments of Medicine and Therapeutics, a close liaison being maintained with the orthopaedic department of the hospital, the service being under the direction of a responsible physician. The primary functions of the central units should be to provide for the full clinical investigation of patients over a period sufficient to determine the general lines of treatment. In addition the central units would provide for under-graduate and post-graduate instruction, and special training for young physicians in the problems of rheumatism."

Concerning the value of peripheral local clinics linked with those Centres the report is not so emphatic, but concludes:—

"After critical appraisal of the problems involved, we are of the opinion that there is a definite place for

peripheral clinics, provided that a start is made on modest lines. In accordance with the principle that the subject of rheumatism ought not to be divorced from general medicine by the creation of a narrow speciality, we are definitely opposed to the establishment of clinics designed solely for the treatment of rheumatism. As many forms of treatment are common to rheumatic and orthopaedic conditions, we advise that from the outset the rheumatism service should be associated with the orthopaedic service and therefore a suitable starting-point is already provided in the orthopaedic clinics in various parts of Scotland. Careful attention must be given to the question of staff. The creation of large numbers of rheumatism specialists should be avoided but, on the other hand, those in charge of treatment should have a special knowledge of rheumatic diseases. So long as regular visits are made to peripheral clinics by the specialists "from the central units, there is no reason why a local general practitioner, if suitably qualified, should not be in charge of a clinic. We envisage a two-way

contact between the family doctor and the specialists with the object of ensuring the close supervision of the treatment of patients."

The importance of physiotherapy is fully recognized (and with it, occupational therapy and hydrotherapy). But the authors are critical in observing that there is danger of a physical treatment becoming a matter of routine. The unimportance of expensive apparatus is emphasized. There is good reference to the use of medicaments and to what may be termed the "promotive causes" of rheumatic disease and a valuable suggestion of "the urgent need for the co-ordination of research in industrial medicine with the investigations of the clinicians and the laboratory worker."

The report may be warmly commended to the study of all who are interested in the problems of rheumatism.