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INTRODUCTION

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Lord Horder called the rheumatic diseases in the past in this country the Cinderella of medicine; it is perhaps a better role than that of an ugly sister inasmuch as the future should be brighter and the prognosis, as it were, better. But ugly untidy features there have been in rheumatology, and it is really only in the last 20 years, and since the war in particular, that major organized research has been undertaken in this field and serious efforts made to understand these disorders, their aetiology and their treatment.

Where no specific curative therapy exists it is easy for false claims to be made and therapeutic reputations are earned all too readily. The sufferer with chronic rheumatic disease is an optimist; she will snatch at a straw and, temporarily at least, convert it to a raft. Purveyors of straws have abounded since early days and only now are serious efforts being made to separate the true from the false or half-true and to educate the lay public in the simple facts of their disorder; the Empire Rheumatism Council's handbook on rheumatoid arthritis, for example, has been deservedly extremely popular with both the patient and his doctor.

This number of the POSTGRADUATE JOURNAL is an attempt to take a cross section of the chronic rheumatic disorders as they appear to us today in this country. It is not, and does not aim to be, comprehensive but merely touches on the main features of the commoner disorders and the more

important aspects of therapy. Those interested in more recent work and a more extensive bibliography may be referred to the quarterly *Annals of Rheumatic Disease*, with its original papers and abstracts of the world's literature on the rheumatic disorders, also to the excellent rheumatism reviews which appear periodically in the *Annals of Internal Medicine*.

It is as important to clear away the dead wood as to plant the new saplings. For this reason what is briefly dismissed in the following pages as disproved and outmoded is in its way as important as that which is discussed as current practice and belief. Dr. William Tegner, for instance, emphasizes in his chapter that the critical approach to physical methods must apply as it does to any other forms of therapy; no longer is the clinical impression and the grateful patient considered sufficient evidence that any particular form of treatment contains intrinsic merit. As he says, there has been a definite swing away from empiricism to a scientific appraisal of value.

Interesting as many new discoveries have been and encouraging though new forms of therapy may seem to be, the big advance in rheumatology since the war has been in the development of this critical approach to old problems and its rejection of much out-dated dogma. This tidying up process is an essential initial phase in what may be hopefully called the rheumatological renaissance.

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