REGENERATIVE JOINT DISEASE

The thought of more meetings, and in particular, more journals, is a depressing one. What possible justification can there be for yet another special society in the field of rheumatology? None I suspect, but ‘regenerative joint disease’ is a subject that involves many disciplines, and cannot be regarded as the property of the rheumatologist alone.

At the beginning of this century pathology and radiology facilitated the division of chronic arthritis into two main categories: atrophic and hypertrophic [1]. The atrophic form is now known as inflammatory arthritis, and the hypertrophic as osteoarthritis (OA). The term ‘degenerative joint disease’ was then used to describe OA because of its association with ageing, and the presence of articular cartilage destruction. However, hypertrophy of the bone and soft tissues were the features that first distinguished OA from rheumatoid arthritis, so perhaps it is time to relabel OA as ‘regenerative joint disease’—a term that would fit with much of the current thinking about the condition [2].

During the last decade there has been a large, multidisciplinary increase in interest and research into osteoarthritis. The recognition that OA represents ‘joint failure’—analogous to cardiac or renal failure—has helped stimulate the interest of a variety of disciplines. Research into OA has become the investigation of the integrity and control of the whole musculoskeletal system. An understanding of the pathogenesis of OA implies an understanding of the pathophysiology and biomechanics of joints. Clinically, OA is no less than the final manifestation of all forms of joint disease.

Osteoarthritis research sits uncomfortably at the periphery of many societies and meetings. Rheumatologists remain primarily interested in the inflammatory arthropathies, orthopaedic surgeons are concerned largely with the reconstruction of damaged joints, and interested biologists, physiologists, pathologists, biochemists and engineers are always in a small minority within their own societies. Over the last few years many special meetings have been arranged to help exchange information between different investigators interested in OA. Some have reflected the multidisciplinary nature of relevant research better than others. However, most have been solely dependent on the energy and drive of a single individual, and their emphasis has usually reflected his or her major interest.

In an attempt to find a proper niche for OA within biomedical research, a new society has been formed: the ‘Osteoarthritis Research Society’ (OARS). In the first OARS Bulletin the President, Professor C. J. Menkes, writes: ‘The objective of the OARS is to bring together researchers from a variety of fields and to encourage cross-fertilization of their results and projects.’ In addition to meetings and a society journal (Osteoarthritis and Cartilage), the OARS will have three standing committees, one on basic research, one on clinical research, and one on the treatment of OA. These standing committees will address issues of current interest in their respective fields, and dissemi-

REFERENCES

3. Felts W, Yelin E. The economic impact of the rheumatoid arthritis. The recognition that OA represents disciplinary increase in interest and research into the current thinking about the condition [2].
nate their findings through the Society's bulletin, journal and meetings. The Society already has an international membership of over 100, as well as 11 industrial partners. It aims to double these numbers by the time of its first Congress, to be held in Paris in December of 1992. OARS is affiliated with both EULAR and ILAR and has stated its aim of working closely with these and other relevant international organizations.

The success or failure of this venture will depend on the members of the Society. If the organizers are right in their belief that there is a real need for a forum of this sort, and if the journal, standing committees and meetings are both multidisciplinary, and proactive, the OARS will prosper.

Why has it become necessary for a new society to be formed? Rheumatologists only have themselves to blame. We have shown too little interest in the final common pathway of rheumatic diseases, and we have passively accepted derogatory terms such as degenerative joint disease for much too long. The regeneration of rheumatology may depend on the OARS and on 'regenerative joint disease'.

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