One-hundred-and-one years ago, on a dark Thursday evening in November, in a London which would have been familiar to Sherlock Holmes, a paper was read to the Royal Medical and Chirurgical Society which established Still’s disease. The paper, ‘On a form of chronic joint disease in children’ [1], described 22 cases of juvenile arthritis seen at Great Ormond Street Children’s Hospital (GOS). Dr George Frederic Still, the author, was then 28, he was Murchison Scholar of the Royal College of Physicians and had been appointed as registrar 2 yr before to work under Dr Thomas (later Sir Thomas) Barlow. These two, Barlow and Still, became firm friends and there is a photograph of them both fishing many years later, a photograph which illustrates one of Dr Eric Hamilton’s excellent papers on the life of Frederic Still [2].

There is a curious fact about our Dr Still and juvenile arthritis: after this first paper as a registrar, he hardly ever returned to write on juvenile arthritis. He published over 100 papers on children’s medicine, two textbooks and a notable history of paediatrics, but even the first edition of his own textbook, in 1909, has no reference to juvenile arthritis, the condition which every British medical student knows as Still’s disease. He was appointed in 1906 as the first professor of paediatrics in London and in 1928 became the first president of the British Paediatric Association: as Professor Eric Bywaters [3] has so well said: ‘... Frederic Still did not found paediatric rheumatology, only the specialty of paediatrics ...’.

What then was the background to Still’s paper which so brilliantly defined acute arthritis? Part of the answer is, I believe, revealed by a meeting of the Section of Diseases of Children at the 51st Annual Meeting of the British Medical Association [4] in 1883. The meeting was chaired by Dr Thomas Barlow MD, then assistant physician at University College Hospital and GOS. The contributors were: Martin Oxley, senior physician to Liverpool Infirmary for Children; Henry Ashby, physician to the General Hospital for Sick Children, Manchester and lecturer at Owen’s College; Edwin Rickards, physician to the General Hospital, Birmingham; and Judson Bury, assistant physician to the Clinical Hospital for Diseases of Women and Children, Manchester. The meeting was entirely devoted to the discussion of arthritis in children fully 100 yr before paediatric rheumatology was recognized as a specialty in Britain. The introductory talk, which occupied half of the meeting, was by Thomas Barlow and entitled ‘Notes on rheumatism and its allies in children’. It describes most elegantly the concept of juvenile arthritis as distinct from the then common condition of rheumatic fever: ‘There are in children, many affections of joints and structures around joints, which do not suppurate and yet are not rheumatic. ... The type designated as rheumatoid arthritis without its examples in childhood and sometimes such examples are rapid, extensive and severe ... but they are rare. It seems that there may be in children, at least two distinct groups of rheumatoid arthritis’. This was 11 yr before Dr Still came to work for Dr Barlow.

Professor Bywaters [3] has written that the detailed description of children’s arthritis by Still ‘... was possible because his teachers, whose interest in the condition he duly acknowledged, had collected together those 19 cases for him to review’. Dr Barlow was clearly of crucial importance to his registrar. The descriptive phase of children’s arthritis has its roots in the 19th century, but paediatric rheumatology as an organized discipline had to wait for therapy to catch up.

Fifty years ago, the team of Eric Bywaters, Barbara Ansell and their colleagues brought this discipline into being and guided it through the formative years, a phase well described by Ansell et al. [5] in ‘Looking Back 1947–1985, The Canadian Red Cross Memorial Hospital’. Now the discipline is fully ‘adult’, a development elegantly documented in 1997 by Patricia Woo [6]. All honour to Frederic Still, he deserves his disease, but all advances are made on the shoulders of other great pioneers, and Thomas Barlow was just such a one.

J. H. KEEN
Ivelet, Richmond, North Yorkshire DL11 6JH

REFERENCES