Editorial

50th volume—60 years

A Golden year

This issue of Rheumatology marks the start of the 50th volume, nearly 60 years since this journal began. We are very proud to mark this occasion. Not only are we celebrating with a new cover this year, we are also running a series of articles by key figures worldwide that highlights what we, as a rheumatology community, have learnt and how our areas of interest have transformed beyond recognition over this period of time.

Over the past few months, we have had the privilege of looking through the archive of Rheumatology. The journal initially started as Annals of Physical Medicine, briefly becoming Rheumatology and Physical Medicine in 1970 before changing to Rheumatology and Rehabilitation in 1971. In 1983, it became the British Journal of Rheumatology and in 1999 it was finally renamed as Rheumatology, the journal we know today. The journal started under the Editorship of H. Brut with A. C. Boyle taking over in 1956. Following them were P. Hume Kendall, D. Woolf, R. Grahame, T. Gibson, H. A. Bird, D. L. Scott, R. A. Watts and finally with R. J. Moots as the current Editor. All of them have shaped and added to the journal, constantly growing it to the publication we know today.

Reviewing the many publications over this period from Rheumatology has been humbling. We have observed reports from physicians producing seminal work at the peak of their careers, who are sadly no longer with us. We have also observed scientists and rheumatologists who have published in Rheumatology from their time as trainees through to achieving the highest posts within the rheumatology community nationally and internationally.

There are many articles that have highlighted the growing scientific and clinical evidence base for rheumatology over the decades, with important publications that have made a significant impact on clinical practice and science. Other articles are noteworthy as they reflect priorities and scientific understanding at the time, which today may seem amusing or quaint. An example of this is an article by Joseph [1] in 1968 ‘The pattern of activity of some muscles in women walking on high heels’. Similarly, back in 1954, Forbes [2] published an article ‘Hospitals and the Law’ documenting the upsurge in medical litigation. Experience around the world since then has shown that his report identified the first trickles of the raging river that developed subsequently worldwide. Publications during this period also reflect major developments in imaging, the evolving and vital role of allied professionals and nurses in clinical practice and the ever-important developments in education in rheumatology.

Science has changed dramatically over the past six decades. In 1952, Tegner [3] published ‘Experiences with cortisone and ACTH’, one of the first published experiments of glucocorticoids in the UK. Interestingly, he noted the connection of pregnancy with disease remission and inflammatory arthritis. In 1955, Lawrence and Sladden [4] reported ‘The value of physiotherapy in rheumatic diseases’. The complexity of the study—seven patients having 13 different treatments—was remarkable by today’s standards. In 1959, Verna Wright et al. [5] published ‘Psoriasis and arthritis’ developing his important work at that time on the classification of PsA. A decade later, Jayson [6] published ‘Study of a valvular mechanism in the formation of synovial cysts’ that described the mechanism by which popliteal cysts could develop. In the 1970s, Wright and Hopkins’ [7] ‘Communicating with the rheumatic patient’ quite rightly highlighted the problems raised by rheumatology terminology in successful consultation (a possible forerunner of health literacy), and in 1986 Dawes et al.’s [8] paper ‘Rheumatoid arthritis: treatment which controls the C-reactive protein and erythrocyte sedimentation rate reduces radiological progression’ was particularly forward-looking as we consider practice today. In 1988, Yardumian et al. [9] published ‘Successful treatment of Raynaud’s Syndrome with iloprost, a chemically stable prostacyclin analogue’—the first description of this still highly useful drug, with little new developing effectively in this area ever since. This was followed a year later by a paper by Neale et al. [10] ‘Tumour necrosis factor activity in joint fluids from rheumatoid arthritis patients’. This is one of the earlier descriptions of TNF as a prime cytokine in RA, developed further in papers such as Brennan et al. [11] and Chu et al. [12], and together with other pro-inflammatory cytokines such as IL-6 [13] has since led to the development of highly effective biologic therapies. Further publications in the 1990s helped to inform what is normal clinical practice today. This includes identifying the role of bisphosphonates in treating CS bone loss [14]. Rheumatology was also the first journal in the world to publish the benefit of B-cell depletion in RA [15]. It has also helped champion measurements of disease activity in disease [16] as well as simple clinical interventions that can enhance therapies significantly, such as the observation that resting for a day after IA steroid therapy of the knee significantly improves outcome at up to 6 months after [17].

Over the last six decades that this journal has been active, there have been dramatic changes to the practice of rheumatology to the overwhelming benefit of our
patients. One of the major breakthroughs has been in the development of biologic drugs, which in turn was led by enhanced knowledge of the pathophysiological processes underlying these diseases, which we still incompletely understand. This issue of *Rheumatology* focuses on registries for rheumatic diseases and, in particular, biologic therapies. The development of registries has been a key to understanding the optimal real-life usage of drugs. Since some of the original descriptions of steroid therapy in rheumatic diseases [3], we have come a long way. In this issue, among many excellent articles, we publish papers that report further data, from the British Society for Rheumatology Biologics Registry [18], on the risk of infection with the TNF inhibitors, and describe the genesis of a national registry for an orphan disease that will provide a cohort with the potential to address important questions on disease phenotype and response to drugs, both new and old [19].

As part of our celebrations, we will also be running a competition to win an iPod. Please find at the end of this article three images that have been published in the journal over the past 50 volumes. All you need to do is identify what the images show, e-mailing your answers to the three questions to the Editorial Office (editorial@rheumatology.org.uk) including ‘Competition’ in the subject line. The closing date for the competition is 31 March 2011.

Here’s to the next 50 volumes—at the end of that time, we hope that rheumatology will have progressed even more rapidly, showing up our best efforts today to be as primitive as 60 years ago appears to us today.

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**References**

50th anniversary competition.

A. What is this apparatus measuring?
B. What does this thermogram show?
C. What disease does this image indicate?