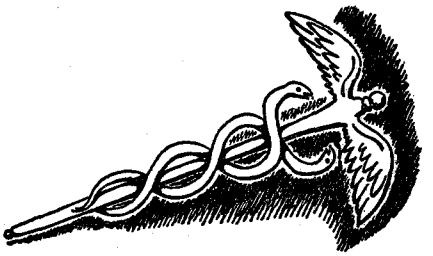
Your Rheumatism



by **FRED C. KELLY**

OF ALL PHYSICAL ills that beset humankind, that force men and women into prolonged disability, unemployment, and discouragement, one disease leads all the rest. Yet it is not the one most of us would guess. As a cause of death it is well down from the top of the list. Diseases of the heart, kidneys, and lungs, these and cancer are the outstanding killers; but no one of them is the greatest cause of distress and suffering. The ailment that most persistently disables the greatest number of people, the most common single cause of chronic illness, is rheumatism.

A recent house-to-house survey in representative sections of Massachusetts by the State Department of Health — one of the most painstaking investigations of the kind yet made — indicated 140,000 victims of rheumatism in a population of 4,380,000, 1 person in every 10 who had reached the age of 40. There were twice as many cases of rheumatism as of heart ailments, 6 times as many as of tuberculosis, and 15 times as many as of cancer. Samplings of the United States as a whole tell a similar story of the prevalence of rheumatism, of the vast number of helpless people for which it is responsible. The Veterans' Bureau at Washington reports more than $10,000,000 paid during 1936 in pensions to veterans for chronic joint disease. The Metropolitan Life Insurance Company estimates annual loss in wages because of rheumatism at nearly $250,000,000. From 10 to 20 per cent of the benefits granted for total disability in European countries are to sufferers from chronic rheumatism. This malady was third on the list of all diseases, either chronic or acute, for which industrial workers in Great Britain during one year consulted physicians.

Now, the term *rheumatism* as commonly used takes in much territory. It is applied to muscles, tendons, and ligaments as well as to joints. But at least nine tenths of all rheumatic cases are of stiffened joints, and physicians call this arthritis. Injuries, strain, and specific infection, as from gonorrhea, account for a relatively few arthritis cases, but the overwhelming majority fall into two general classifications: (1) rheumatoid or "chronic infectious" arthritis and (2) osteoarthritis.

The first starts with inflammation in the tissues about the joint; the second has its onset more in degeneration of the joint itself. But the important thing is that rheumatoid arthritis strikes people at *any* age (most often between 20 and 40) and is abnormal; it is not caused by natural, inevitable processes of advancing age, and, if we knew enough about its causes, it could be avoided. It might be wiped out, as yellow fever was. Yet more than half of all rheumatic cases are of this variety, and it includes most of the worst cases, the wheel-chair and bed-ridden victims. A peculiarity is that it strikes women more often than men — nearly half again as often. Though common in temperate zones all over the world, almost never does it occur in tropical climates. Moreover, there is less susceptibility to it toward the north or south pole. Cold, damp, changeable climates seem to be the ones to avoid.

Though no one ever has rheumatoid arthritis *normally*, every one of us, if he lives long enough, may expect to have osteoarthritis, the old-age variety, in greater or less degree. In distinction from the rheumatoid type, it affects men more than women. Like gray hair, it is a sign of the aging of body tissues. Regardless of locality or climate, we seldom escape a touch of it after 50; but this does not always mean that it will become severe enough to give seri-

ous discomfort. Sometimes joint changes are greater than might be expected, because physical age exceeds age measured by years. It is a good physician's job to try to find out what are the more important accelerating causes — to discover anything and everything which might impair the general health. This applies to either of the two general types of rheumatism. The pain is usually reduced when the general health is better. Sometimes the answer is fairly simple — possibly only a diet deficiency or constipation — but more often it is a combination of hidden ailments rather than just one.

Neglected Sufferers

Important as it is to get rid of arthritis, especially the abnormal kind, medical men know altogether too little about its causes. Yet they have had a long time in which to find out, for stiffening of the joints is not something new. Examination of fossil remains has demonstrated the existence of chronic arthritis among vertebrates long before recorded history. The ape man of the Pliocene age had it 1,800,000 years ago, as did the neolithic man only 25,000 years back. Study of mummies has shown that the predynastic Nubians and Egyptians had plenty of "rheumatics," also the North American Indians long before the white folks came. At any rate, indications are that the nature of the disease has not changed much in the last 8,000 years. Yet no physician is able to tell what causes the commonest variety of stiffened joints.

The most shocking fact, however, is that the average practitioner, when consulted by a rheumatic patient, does not have even the knowledge that is *available*. Though no one knows exactly what causes rheumatoid arthritis, a good deal is known about what to do for it. And it is far more responsive to treatment than is generally believed. Under proper care many cases can be completely cured, especially in the earlier stages, and *most* patients can be restored to a more comfortable and useful life.

The great mistake frequently made by physicians as well as by patients is to assume that there must be some single cause. A patient would like to think that he can be cured by removing an infected tooth or by applying heat to the afflicted joints or by use of a vaccine; but effective treatment is rarely as simple as that. To use one remedy aimed at a single cause only raises false hopes. The best results are obtained when the physician proceeds as if he had said: "I don't know what causes your arthritis and I'm sure no one else would know. But it is reasonable to believe there must be a loss of balance between resistance and disease. We'll try to improve *everything* that may be expected to help your general resistance to whatever is causing the trouble."

As one competent specialist expressed it:

> When there's a train wreck, because of a bad switch, the remedy is not merely to repair that switch but to find out what is wrong with the whole railway system that permitted so faulty a switch to remain undiscovered.

The tragedy of the situation is, however, that the necessary kind of treatment, requiring the best scientific knowledge available, may be long-drawn-out, lasting for weeks and months, and hence is bound to be expensive. But rheumatoid arthritis is most prevalent among those in the lower economic classes, the very persons least able to stand the expense. There is a desperate need for free sanitariums, State institutions specializing in treatment of arthritis — institutions such as there are for patients suffering from tuberculosis or mental diseases. In the entire United States there is not one institution for free treatment of arthritis. Sweden, with her highly developed social sense, has four of them provided by the government, besides special wards in general hospitals. Public hospitals in the United States do take an occasional rheumatic patient, but seldom are they organized to use all the latest scientific knowledge. Furthermore, pressure on their space to care for operative cases and for more acute ailments is too great to give rheumatic sufferers what they need.

In the clinics and hospitals where the best possible treatment can be carried out, the charge for a preliminary study of a case may easily be $100, and the daily cost will hardly be less than $10. Hence, if the disease hangs on for several months, even though showing gradual improvement, the expense for the average patient may be prohibitive.

When young children have arthritis they usually can get free treatment, for the pathos of a disabled child appeals to almost everyone, and many hospitals for crippled children have been well endowed. (Indeed, such hospitals

sometimes engage in keen competition for patients, as those employed in them naturally wish to make it plain that their jobs are necessary.) But, when an adult without much money is forced into unemployment by chronic arthritis, he is decidedly out of luck. The doctor hates to see such a patient come into his office. Even if he knows how to treat him, which he may not, he at least is aware that effective treatment will require considerable time.

Arousing Public Opinion

Why is so little done to care for victims of the most disabling of all chronic diseases? The explanation is not hard to find.

Man is a selfish animal and is less inclined to behave decently toward his fellows when worthy deeds do not obviously coincide with self-interest. If arthritis were contagious, we should undoubtedly have plenty of public hospitals in which to combat it. We co-operatively fight tuberculosis because we know each uncared-for victim is a danger to *us*. We are willing to pay to have the insane properly looked after lest some of them run amuck. We may even become reconciled to a tax for slum clearance if convinced that unsanitary buildings are a possible menace to the health of the community. But it is not quite so evident, when millions are prevented, by a noncontagious disease, from supporting themselves, that there is a serious social loss by no means confined to the immediate victims and their families. We do not yet perceive that we *all* lose and that in one way or another we all must pay.

There is reason to believe a changed public opinion about rheumatism may not be far off. It is a world problem about which something ought to be done, and, luckily, something is being done. Since 1924, twenty European countries have been represented in an International League against Rheumatism, with headquarters in Amsterdam; and in 1928 a Committee for the Control of Rheumatism was formed in the United States to co-operate with the League in Europe. At first the American committee was composed entirely of physicians, but more recently it was reorganized into an association which includes laymen — though they are careful to exclude anyone having vaccines or other "cures" to sell. The purpose of this American association is not only to promote study and research but to acquaint all members of the medical profession in this country with more facts about rheumatism, to have them understand that there is no reason, even with only the present store of knowledge, why doctor or patient should regard an arthritis case as hopeless. When enough doctors are aware that most patients may be greatly helped if not cured, then perhaps better facilities will be provided for treatment.

Battles in the Laboratory

Even if they knew a specific cause for chronic arthritis, physicians would continue to study the relation of the disease to the whole system and to treat the "total personality" just as they do now, for there would still be the problem of why the primary cause, if there is one, should operate on one person more than on another. That was true of tuberculosis. After the discovery of the tubercular bacillus, no radical changes came in method of treatment. Rest and other methods for improving the bodily resistance are still of greatest importance. Doctors have never learned exactly what is responsible for measles, smallpox, or chicken pox, and yet they have greatly enlarged their knowledge of how to treat them.

Meanwhile a tremendous amount of research is being carried on to try to find every possible correlation between cause and effect.

For a long time there has been wide acceptance of a theory that a main cause of rheumatoid arthritis must be some kind of infection which attacks the joints. At first it was thought this infection was bacterial, but the trend of opinion since has been toward the belief that such infection is not from any known organism. More recently there is much to suggest that if there is infection it is not bacterial, not from any living organisms, but from some kind of chemical virus. None of these theories, however, has been proved. Painstaking researchers in well-known endowed institutions have tried injecting serums from arthritic patients into rabbits and guinea pigs, but positive proof one way or another is still lacking. Possibly there is no single cause.

Doctors have tried to effect cures by yanking out infected teeth or tonsils. But the fact remains that, though many persons having such focal infections suffer from rheumatism, many others with worse infections escape it. One person improves after removal of teeth or

tonsils, but others fail to improve, and there have been numerous cases where the patients promptly grew worse. Though it may possibly be true that a man with bad tonsils is in greater than average danger of rheumatoid arthritis, the disease is just as much an enigma as before all the stress on focal infection.

Yet interesting correlations have been noted. A majority of rheumatoid arthritis patients are likely to be slender, shallow-chested — while the old-age variety of arthritis seems to be more severe among the short and stout. There is a frequent tendency to anemia. The influence of climate has already been mentioned. Difficulty of adjustment to temperature changes shows in simple tests. Move an arthritic and a normal person from one room to another in which the temperature is ten degrees higher or lower, and the surface temperature of the arthritic will be the slower to change.

Rheumatic fever, which appears to be closely related to rheumatoid arthritis, rarely occurs in parts of the South. Studies in New Orleans, Oklahoma City, and in Florida disclosed that the disease was uncommon in those localities. In and about Tucson, Arizona, few white people have arthritis, and Indians there have it less than do those elsewhere. However, to go South from a less favorable climate is not always helpful unless the patient has a proper routine of living and co-ordinated treatment. One should not depend on climate alone. The onset of the affliction is most frequently in late winter and early spring. According to the Massachusetts study, there are more cases in the country than in the city. This is also true in Sweden.

Though the very rich are by no means immune to arthritis, the most numerous cases are among people whose poverty makes it impossible for them to live in sanitary buildings, to have an adequate diet, or to pay for good dentistry and for expert medical care. In English schools for poor children, rheumatic fever is common, but in schools for children of the upper classes it is almost unknown. At Eton, a school of 1,100, only one rheumatic-fever case was reported in 17 years, though in the same town, among children in the elementary schools, such cases occurred frequently.

Many studies have been made to try to show definite connection between chronic arthritis and poor circulation, improper diet, nervous conditions, and what not. But the most that can be said is that the evidence points to a combination of physical causes rather than to one cause alone. It has even been suggested that chronic arthritis is not a disease at all but only a symptom.

Mental Factors

Research has not been confined to physical investigation. Many studies have been made in the expectation of showing that the causes of arthritis may be largely emotional or, at any rate, that the disease cannot be properly treated without giving full consideration to the emotional side of the entire personality.

We of course have plenty of evidence every day of the relation of the emotions to bodily conditions. Even mild worry at mealtime can hinder digestion and set up a physical disturbance to cause still more worry. Grief, fear, or other emotions start changes in the bodily mechanisms regulating distribution of sugar, calcium, or other constitutents, fluid retention, blood circulation, and nervous activity. It is not always easy to tell what is cause and what is effect; but physicians are more and more inclined to examine the emotional and physical situation as a whole. Two doctors at one of the biggest hospitals in New York, one a medical man, the other a psychiatrist, have been working together on a study of arthritis, each trying to influence the other regarding the relative importance of physical and emotional data. But they say it may be several years before they can anounce proved facts.

A number of psychiatrists believe susceptibility to arthritis may be influenced by emotional situations in early childhood. Other studies have been made of groups of patients in whom the onset of the disease came soon after a serious grief, financial difficulty, or some other mental disturbance. This would be natural enough and not peculiar to arthritis. Tuberculosis or other ills sometimes follow a period of worry that has lowered the general resistance of an individual. Many psychiatrists insist that a tendency to arthritis is increased by any emotional problems which make it difficult for a person to adjust himself to life, *including adjustment to temperature or weather changes*. This, they say, is why there is less arthritis where weather is less variable. These same psychiatrists have their own explanation,

also, for the high incidence of arthritis in the lower economic strata. They declare it is because poverty adds to the difficulty of adapting oneself to unhappy situations. A man with little money cannot easily get away from an unsatisfactory environment.

Whatever is finally proved, it seems fairly certain that in treatment of arthritis there may be greater effort in the future to examine into emotional as well as physical factors.

What Treatment Will Work?

After a competent doctor has determined, by X ray, blood tests, and other means, what kind of rheumatism a patient has, he makes a through examination and an intensive study to try to find out if there are such aggravating causes as mechanical defect in a joint from overuse or strain, local infection, intestinal disturbance, poor circulation, abnormal blood pressure, nutritional deficiency, weakness from previous illness, lack of rest, fatigue, or abnormal mental strain.

The treatment itself may again be compared to that for tuberculosis. It isn't the cough itself or the painful joint that must alone be treated but the entire system. Just as in tuberculosis, too, complete rest is usually emphasized as of prime importance. Most patients with any type of chronic arthritis have the idea, often obtained from a doctor, that continuous activity is wise, to prevent stiffening of the joints. But the most competent doctors insist on mild exercise and massage for the joints while the patient is getting general rest in bed.

Many patients have been accustomed to poorly balanced diets. The main thing is to get plenty of vitamin-containing foods without too many starches and sugars. "Joints hate starches and sweets." It used to be that rheumatics were forbidden to eat meat, but the idea that meat is harmful is now discarded.

A large number of patients have been led to place too much hope in local or general application of heat. This is useful for loosening joints and improving local circulation, but it is only one phase of the general treatment. Patients have been told also that they can be thrown into a fever which will kill the infecting organisms and thus put an end to their troubles. But, since it is not even known that a specific infection is the cause, there is no proof that killing any organisms present will effect a cure. Sometimes an artificially created fever does seem helpful, but doctors do not know exactly why.

Numerous vaccines intended for treatment of rheumatoid arthritis are on the market, each with the claim that it has a specific effect; but here again, if the cause of the disease is unknown, obviously there can be no "specific" vaccine. Other vaccines, not aimed at any organism in particular but intended to improve the general fighting quality of the blood against disease, are accepted as probably useful. Doctors whose work has proved most successful have used vaccines as only part of a general treatment, rather than as a main reliance. A patient may well be suspicious of a doctor who promises to cure him by use of vaccines alone. Drugs seem to be the least important of all. Those doctors who use them only as a temporary means to relieve pain do so with no expectation that they will contribute importantly toward a cure.

This much is certain: Regardless of which part of a treatment has been most essential, it is *possible* to cure even obstinate cases of the most serious type of arthritis. It is also possible greatly to ameliorate the condition of other patients who are not entirely cured. This is especially true if treatment is undertaken within six months after the disease becomes troublesome.

One study of a large group showed that 82 per cent of all treatments begun within 6 months were successful. Other patients have been cured after years of helplessness. I know of a case where the patient was restored to activity after being disabled for 18 years. There are few chronic ills for which more can be done. Yet many physicians, through lack of knowledge or unwillingness to make a sufficiently thorough study of each case, have sent patients away in the depths of despair. I recall another patient who failed to show improvement after his tonsils were removed and who was told by his physician there was nothing more to be done for him. But something could have been done, and later it was.

The saddest phase of the whole chronic-arthritis situation is that the prolonged treatment leading to a cure is too expensive for the majority of those most likely to need it. In the richest country on earth, thousands who could be useful citizens are helpless cripples from the lack of money to cure them.

The Civil Liberties Union: Political or Nonpartisan?

A Debate

I—A Subversive Organization

***by* HAROLD LORD VARNEY**

SOMETHING MORE than a reactionary gesture is to be seen in the recent insistence of the Society of Mayflower Descendants that Bishop Benjamin Brewster withdraw from the American Civil Liberties Union. The action was symptomatic of a state of mind which is becoming increasingly general among nonradical Americans. Those reflecting this state of mind are firmly convinced that the Union, despite its democratic protestations, is linked to the subversive forces in American life.

Admittedly, many of the sponsors whose names Mr. Baldwin conspicuously displays on his letterheads are mild liberals whom it would be preposterous to describe as revolutionists. But the important question with any organization is not its list of sponsors, but its actual controlling group. Those who question the good faith of the A.C.L.U. are convinced that the nonradicals on its letterheads are little more than window dressing for the actual administrators. While technically they may be consulted, the final decisions, it is believed, are always shaped and controlled by Mr. Baldwin and his personal circle. And Mr. Baldwin has clearly stated his personal objective in his recent declaration that "communism is the goal."

Let us examine the indictment which has been drawn against the A.C.L.U.

First of all, we discover a fundamental disagreement between the Union and its disbelievers on the nature of civil liberty. While it is the glib habit of Mr. Baldwin and his publicists to suggest that all those who condemn the A.C.L.U. are antilibertarians and hardened trail blazers for fascism, it is necessary to point out that the Baldwinites have no monopoly on the cause of liberty.

What do we mean by *civil liberty?* The essential point to be kept in mind is that all liberty — in the flesh-and-blood world — is limited and conditioned by the general good. Society has found it necessary to safeguard the general interest against its antisocial minorities, by putting restraints on the liberty of those minorities. In practice, the limits of possible individual liberty are determined by the folkways of the people, which, in turn, find official expression in our codes of law and our processes of judicial interpretation.

It is here that the A.C.L.U. enters its disclaimer. It is the contention of Mr. Baldwin and his co-workers that such judicial processes do not adequately protect the "rights" of nonconformist minorities which are out of sympathy with the prevailing folkways. Hence they insist that an American civil-liberties union is necessary to act as a sort of public defender of the nonconformists.

It is inescapable that such a proposal should strike many Americans as repugnant. A body of private and self-selected individuals, the A.C.L.U. proposes to thrust its own interpretation of civil liberty on the rest of us. It unctuously proposes to redress the balance in favor of the minority interests and against the majority. Implicit in such a program is the threat that the A.C.L.U., by becoming a partisan of minority groups whose purposes are harmful to the general interest, may turn civil liberty into an antisocial sword. Instead of a redressal of the balance, the inevitable result is a new imbalance in which the welfare of the many is subordinated to the aggrandizement of the few.

The sheer incongruity of such a program of organized special pleading was recognized by