

FIRST SESSION**Rheumatology in general practice****OPENING REMARKS**

Dr J. W. Osborne (*Provost of the West London Faculty*)

I WOULD like to thank Geigy (U.K.) Ltd., Pharmaceuticals Division for giving us the opportunity as a Faculty to hold this symposium. The company has been generous and their staff have worked particularly hard to make it a success. We are also deeply grateful to our speakers for giving up their Sunday in order to make it a success.

**Rheumatic disorders in general practice:
incidence and aetiology**

Professor E. G. L. Bywaters, M.B., B.S., F.R.C.P., M.R.C.S., L.R.C.P. (*Professor of rheumatology*)

AS introducer I have really no need to stress to this audience that rheumatic complaints are both common and disabling, but I should start by introducing a factual note and giving you the actual figures from a population survey done in Lancashire by Lawrence and Kellgren. This showed a great increase in rheumatic complaints with advancing years from ten per cent in the age group 20–29 up to 40 per cent in those over 40 years. Official statistics show that rheumatic complaints are foremost in causing loss of productivity; if we could make a productivity agreement to decrease rheumatic disease this would greatly augment our national income, although perhaps not our personal rheumatological incomes. General practitioners know this well, but in hospitals and in the teaching of medical students this has not been adequately stressed.

If you look at the leading causes of disease in middle age you will find that rheumatism occurs high up on the list in social surveys in general practice and as an incapacitator from work in both men and women, but that as a cause of admission to hospital it comes far down on the list and rheumatic disease of any sort is seldom mentioned on a death certificate.

Knowledge about the rheumatic diseases has been late in developing and even now we are still separating out different entities, as has been done since the time of Sydenham onwards, so that now the latest classification of the rheumatic diseases (Blumberg *et al.*, 1964) includes 83 separate disorders, some of which are developmental, some traumatic, some degenerative or metabolic, some infectious and some neurological or even psychological. One of the biggest groups of inflammatory arthritis is one we know little about, rheumatoid arthritis and the connective tissue disorders. Degenerative disease we all know occurs with age and is primarily due to cartilage wear and tear. Gout is uncommon,