

Once Upon a Time in Canadian Rheumatology: 1974-84, a CRA Decade Long Before Biologics and JAK Inhibitors

By Dr. Manfred Harth, CRA President, 1982-1984

Remembrance of things past is not necessarily the remembrance of things as they were.

– Marcel Proust

I was asked to reminisce about the period when I was involved in the leadership of the CRA, that is the 1974-1984 decade. I was a member at-large of the Executive Committee from 1974 to 1976, out of office for two years, then Secretary in 1978-80, Vice-President in 1980-82, and President in 1982-84.

Some may remember that in those days CRA stood for Canadian Rheumatism Association, which was a name change from the original 1936 designation of Canadian Rheumatic Disease Association. The CRA from 1974-84 was a much smaller and poorer organization than the current CRA. Our meetings were initially short, lasting one day only, and on a modest scale. Eventually the Royal College asked us and other specialty societies to join their meeting. We welcomed this as the College paid for many of the meeting expenses involved.

It was not until 1972 that the Royal College introduced the fellowship examination for rheumatology. Until then, most rheumatologists were internists who usually had had one to two years of training in the specialty and spent at least 50% of their clinical time in rheumatology.

Metro Ogryzlo, who had founded the *Journal of Rheumatology* in 1974, hoped that the CRA could take it over, but we did not have the required financial resources. The CRA did adopt it as its official organ, leaving it to individual members to decide on whether they would subscribe.

Toronto had dominated Canadian rheumatology for years, but the 1970s and 1980s saw other Canadian academic rheumatology centres increasingly engaged in research and post-graduate training. A friendly (well, not always!) rivalry ensued and CRA meetings were the better for it.

There was a very close relation between the Arthritis Society (TAS) and CRA. TAS was led by Edward Dunlop, a blinded war hero and an extraordinary man whose contributions to Canadian rheumatology remain unequalled. The CRA instituted an annual lecture to honour him and Rita Dottridge, his close associate. It was thanks to TAS that Rheumatic Dis-

eases Units were established with dedicated inpatient beds, and essential health care professionals attached to them. TAS paid for many rheumatology fellowships at a time when departments of medicine were somewhat reluctant to fully support the development of our specialty. TAS gave scholarships to newly appointed young faculty, and offered research grants assessed by peer review.

The CRA hosted the 1974 meeting of PANLAR (then the Pan-American League against Rheumatism, now the Pan-American League of Associations of Rheumatology) in Toronto, although the major organizing work was done by TAS.

It was in this decade that we started the *Ian Watson* and the *Phil Rosen Awards* (the latter honouring a CRA president with an outstanding record of service).

In 1976, a committee of CRA members who had participated in a Medical Manpower Study, sponsored by the Royal College and the Federal Department of Health, reported that the ratio of rheumatologists per population was 1/180,000. In 1983, the CRA Manpower Committee published a study of Canadian rheumatology training programs and found that 61 trainees had completed the required two years in the 1973-78 period, thus raising our hopes that the above ratio might improve slowly.

Rheumatology started attracting an increasing number of female trainees, and we began seeing more women with full-time or part-time academic appointments, or in independent practice.

Big Pharma's interest in rheumatology was modest. We were using antimalarials, gold, penicillamine, steroids, azathioprine, cyclophosphamide, and scores of different non-steroidal anti-inflammatory drugs (NSAIDs); we had just started prescribing sulfasalazine. A few daring souls had tried methotrexate. Nothing there to attract much support.

The available immunologic laboratory tests allowed better assessment of various rheumatologic conditions. Imaging in rheumatology had advanced somewhat with the

introduction of CAT scans and scintigraphy. Magnetic resonance imaging (MRI) machines were starting to be installed in teaching hospitals. Diagnostic ultrasound in rheumatology was still in its infancy.

It was, overall, a time of modest progress in our organization, paralleled by modest advances in therapy. We were much better at diagnosis than treatment. Not quite the dark ages, but quite a few years away from the “Renaissance.”

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The Renaissance of the CRA

By Dr. Jean-Luc Senécal, CRA President, 1992-1994

At the request of the CRAJ Editorial Board, I am pleased to write about the achievements of the CRA during my tenure as President from 1992 to 1994.

In 1987, I received a phone call from André Lussier* (*Université de Sherbrooke*), President of the CRA. Dr. Lussier invited me to submit my candidacy to the Executive Committee of the CRA. To give you some background, I had completed a three-year rheumatology fellowship four years earlier focused on systemic autoimmune diseases at the University of Connecticut in Farmington, CT, in the U.S. Upon my return to *Hôpital Notre-Dame* in Montreal in 1983, I had founded the Autoimmunity Research Laboratory and the Connective Tissue Diseases Clinic, both of which exist to this day, and I was an Assistant



Professor of Medicine at *Université de Montréal*. My research was funded by an operating grant from the Medical Research Council of Canada (the future CIHR) and I obtained an Associateship salary award from the Arthritis Society. I was deeply honoured by the invitation of the CRA Executive Committee and the national recognition that it implied, despite my young career as a rheumatologist. Therefore, I promptly accepted Dr Lussier’s invitation. I did not expect the challenging mandate that awaited me!

After being elected, I served as a member of the Executive Committee from 1988 to 1990. In 1990, Paul Davis (University of Alberta) was elected President and served for the 1990-1992 term while I was elected to the Vice-Presidency and François Beaudet (*Université de Montréal*) was elected as Treasurer. At that time, computers were big and slow; the internet, cell phones, Zoom and Skype did not

exist, and long distance calls were expensive. So, all our cross-Canada communications were essentially by letter and by fax.

Dr. Lussier was an outstanding and most clever rheumatologist. He had mentioned that the CRA had a tradition that the presidency should alternate between an anglophone and a francophone president. Therefore, I suspect he had foreseen in 1987 that perhaps I might eventually succeed Paul Davis.

Indeed, in 1992, I was elected to the Presidency of the CRA with an outstanding Executive Committee: Barry Koehler as Vice-President (Barry was then practising in Thunder Bay, Ontario), Paul Davis as Past President, François Beaudet as Treasurer and Dafna Gladman (University of Toronto) as Councillor. By then, my wife and I were the proud parents of three kids, aged 7, 5 and 1!

A key feature to understand the following events that led to the rebirth of the CRA is that autonomous annual meetings of the CRA did not exist at that time. The CRA annual meeting was held at the same time as the Annual Meeting of the Royal College of Physicians and Surgeons of Canada and participating specialty societies.

Under its previous mandates, the Executive Committee of the CRA had become progressively aware that this was not necessarily to the advantage of the CRA,

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