
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.”

*Manfred Harth, MD, FRCPC
Emeritus Professor of Medicine,
University of Western Ontario
London, Ontario*

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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as we had noted with concern the dwindling attendance by rheumatologists. Also, running the CRA meeting with the Royal College was costly and, in retrospect, not necessarily good for the image of the CRA and our identity as rheumatologists, as we were lost in an ocean of other much larger specialties than our own.

A turning point was the Annual Meeting of the Royal College held in Ottawa from September 11 to 14, 1992, which was rather catastrophic from the CRA viewpoint. Only about 25 rheumatologists attended out of a membership greater than 200. As I recall, the CRA poster session was held in the labyrinthine second basement of the Convention Center, and was in essence almost unattended. At the end of the convention, only a few thousand dollars were left in the CRA bank account. The CRA was nearly bankrupt!

From my viewpoint and that of my colleagues, the CRA was moribund and, if nothing was done, it was at risk of dying by attrition of its membership and extinction of its treasury. What could be done?

I suggested to the Executive Committee that the only way out for a CRA renaissance was to hold its annual meeting independently from the Royal College meeting.

Oh là là! Such a viewpoint was anathema because of the very tight bonds between some of the academic members of the CRA membership who were very involved with the Royal College. Why then did I come up with this idea? Probably because certification for specialty practice in Quebec was different from the other provinces: In Quebec, the right to practice was granted by the *Collège des médecins du Québec*, and Royal College certification was not mandatory (although it was deemed so for university appointments). Also, I have often thought that being from a province used to toying with the idea of political independence, perhaps it was easier for me to envision holding the CRA annual meeting separately from the Royal College! After much discussion, and holding our ground despite opposition from the Royal College and some CRA members, the Executive Committee unanimously endorsed the principle of holding autonomously future CRA annual meetings, starting in 1994.

The corollary question was then, if the CRA annual meeting is to be held on its own, where and when should it be held? I suggested that the meetings should alternate between Western and Eastern Canada, with the 1994 meeting in Lake Louise, Alberta. The Executive Board nominated me as Organizer of the First Winter Conference of the CRA, which was held at Château Lake Louise, from February 24 to 26, 1994. And, under the presidency of Barry Koehler, the 1995 Second Winter Conference and Annual Meeting of the CRA was held at the newly built Château Mont-Tremblant Hotel, in Mont-Tremblant, Quebec. The pharmaceutical industry fully supported the CRA in this endeavour.

The success of these meetings was instantaneous and extraordinary. The 1994 meeting attracted over 200 participants from across Canada, many with their families. The resulting sense of belonging, bonding and empowerment was decisive in launching a rejuvenated, dynamic and proud CRA. These decisions were a turning point in the history of the CRA and, along with many other key decisions made by subsequent Presidents and Executive Committee members, they paved the way to the autonomous and thriving association that the CRA has become.

I was blessed to be advised by an outstanding and wise Executive Committee. To this day, the renaissance of the CRA initiated by the 1992-1994 Executive Committee is a collective achievement that I am most proud of. I am forever grateful to the CRA members for their trust and allegiance.

Many thanks to Barry Koehler, MD, Professor Emeritus, University of British Columbia, for reviewing this text.

** Dr Lussier is deceased.*

*Jean-Luc Sénécal, MD, FRCPC
Master of the CRA
Professor of Medicine, Université de Montréal
Rheumatologist,
Centre hospitalier de l'Université de Montréal
Montréal, Quebec*