Looking Back to the Beginning

By Philip A. Baer, MDCM, FRCPC, FACR

"Begin at the beginning and go on till you come to the end: then stop."
— Lewis Carroll

I was recently gifted copies of Volume 1, Number 1, of the *Journal of the Canadian Rheumatology Association (CRAJ)* from September 1992. Prior to that, the oldest copy I could find in my possession was from 2007. As a bit of a packrat, I wondered why I didn't have a copy of the inaugural issue. Did I automatically become a member of the CRA on its creation, or did one have to be invited to join, or take the initiative to sign up? Who received the *CRAJ*? Our publisher has been STA HealthCare Communications from inception, so maybe someone there remembers.

I found the trip down memory lane very interesting. Firstly, while the *CRAJ* acronym existed from the beginning, it was originally the *Journal of the Canadian Rheumatism Association*. I can't recall when the CRA became the Canadian Rheumatology Association. Probably, it was around the time the American Rheumatism Association became the American College of Rheumatology (ACR). The European League Against Rheumatism eventually followed suit, becoming the European Alliance of Associations for Rheumatology, while retaining the EULAR acronym. Rheumatism is in Jack Cush's cemetery of rheumatology terms, and deservedly so.

Counting the front and back covers, the first issue was 16 pages long. We now routinely run double that. There were no graphics on the cover, just blue type on a grey background. A postage paid postcard enquired about the reader's reaction to the journal, and asked for ratings on the three main articles, as well as whether the journal would be read regularly, often, occasionally or never. We must have done well on the latter question, as we are still publishing 34 years later.

The founding editorial board was lean, with only eight participants—all men. Currently, we have 15 members—seven men and eight women, representing a diverse mix whether assessed by geography, age, and stage or type of practice.

Our inaugural advertiser was May and Baker Pharma, a division of Rhone Poulenc Rorer, both names that have been merged out of existence. Their colourful ad for sustained-release ketoprofen capsules featured a graphic not of any joints but of a pink GI tract. The product was touted for "older arthritic patients when tolerability counts most" and as "a logical choice for the older generation." Kudos to you if you can recall the brand name.

The first editorial was written by Dr. Paul Davis, the CRA President at the time. He highlighted the CRA as one of the founding societies involved in the Royal College's Maintenance of Certification (MAINCERT) Pilot Project, which went on to become fully established and continues to this day. Articles on obtaining what are now called Maintenance of Certification (MOC) credits continue to be staple features of the *CRAJ*, thanks to Dr. Raheem Kherani and his collaborators.

As well, Dr. Davis indicated that the CRA was trying to become more relevant to community rheumatologists. Interestingly, at the 2026 CRA ASM, it was announced that the CRA had a renewed strategic focus on community-based rheumatology, and was forming a new Community Practice Committee. Finally, an education subcommittee had been established, with plans to organize Canada-wide educational events. Dr. Davis also foresaw the CRA becoming more involved in medical politics and in advocacy for our patients. Fortunately, his vision has come to fruition.

The main article featured "A family doctor's perspective on RA" and covered the always important issue of good communications between primary care physicians and specialists. "Cognitive restructuring" of patients' negative thoughts about their disease was also emphasized, though perhaps we need to rethink that approach. As I learned in a recent *Medical Post* article by Dr. Ginevra Mills, "Wellness does not begin with the elimination of unwanted thoughts. It begins with a shift in how those thoughts are met. And sometimes, the most helpful thing we can offer is not another way to control the mind, but a way to step out of the quiet, exhausting effort to do so."[1]

There was a patient information article designed as a handout if your patient happened to ask, "What is the Schirmer test for dry eye syndrome?" No patient ever asked me that to my best recollection, but I would have been prepared if I had had this *CRAJ* issue on hand.

The most prescient article was entitled "Joint Collaboration" by Dr. Alan Rosenberg, calling for interactive

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research endeavours, including the development of comprehensive multicentre population-based studies and the establishment of disease registries. Canadian rheumatologists can certainly be proud of their accomplishments in this sphere, which extend not only nationally but globally.

Two nascent studies advised that they were looking for patients:

1. A genetic linkage analysis on families of patients with rheumatoid arthritis, led by Walter Maksymowych.
2. A maintenance gold discontinuation study, led by Robert McKendry and John Esdaile.

Since we long ago stopped initiating gold therapy, the second study result is now moot.

Here's hoping the *CRAJ* will still be around in another 34 years, and that our current content will stand the test of time.

Philip A. Baer, MDCM, FRCPC, FACR
Editor-in-chief, CRAJ
Toronto, Ontario

Reference:
1. Mills Ginevra. The thoughts we tell patients to stop. Canadian Healthcare Network (website). Available at *https://canadianhealthcarenetwork.ca/thoughts-we-tell-patients-stop.*