

Chapter *1*

The History of ACR: Before 1970

Ephraim P. Engleman

University of California Medical School, San Francisco, CA

If it was rheumatism, then there had to be a focus of infection [1]. And so, teeth were extracted, as were tonsils, or gall bladders, or any other easily accessible organs. And if that technique did not succeed, there was always the autogenous vaccine (later refuted [2]). Finally, how about a high colonic irrigation to “rid the body of toxic wastes” [3]? That is the way it was in the United States less than 100 years ago.

The Europeans saw the light ahead of us [3,4]. By 1925, with the leadership of the Dutch physician Jan van Bremen, interested physicians of several European countries agreed to collaborate in the study and control of rheumatic diseases. In 1926, Louis B. Wilson, Director of the Mayo Foundation for Medical Education and Research, visited van Bremen. Dr. Wilson was so impressed by van Bremen’s efforts that he immediately reported them to many of his American colleagues. What followed 2 years later was the 15-member American Committee for the Control of Rheumatism

(ACCR), chaired by Ralph Pemberton of Philadelphia.* Dr. Pemberton's interest in arthritis had been stimulated by his observations of soldiers with arthritis during WW I [5].

From the very beginning of discussions by the ACCR, and with the enthusiastic endorsement of the eminent orthopedist Robert Osgood of Boston, it was agreed that the fight against rheumatism belonged in the category of internal medicine, and no other discipline could properly launch such a broad effort. An editorial in the *Journal of the American Medical Association (JAMA)* written by Pemberton, stated the purposes of ACCR: "to stimulate professional and lay interest in arthritis, research and education, the development of a nomenclature and to publicize therapeutic measures of proven value" [6].

An early and difficult task of the ACCR was nomenclature and classification of rheumatic diseases. Undertaken by a subcommittee chaired by Russell Cecil of New York and later by Walter Bauer of Boston, it was agreed that the pathologic distinctions between inflammatory and noninflammatory joint disease, as demonstrated by Nichols and Richardson, should be the basis of their deliberations [7]. It was not until 1941 that a "provisional classification" was actually adopted [8].

The first annual, open scientific meeting of the ACCR was held in New Orleans in 1932 [9]. Chaired by Dr. Pemberton, it was a 3-hour session in which 11 papers were read and discussed (see Figure 1.1).† Two years later, the Committee became an Association, The American Association for the Study and Control of Rheumatic Diseases [4]. The goals of the Association were similar to those of the Committee. It would be limited "to approximately 100 members including physicians and laymen with interest in public health and medical administration."

At an undetermined time after the creation of the American Association for the Study and Control of Rheumatic Diseases, it was agreed that the title was too cumbersome and was therefore renamed the American Rheumatism Association (ARA). It is commonly assumed that the first scientific meeting of the ARA was held in Cleveland in 1934. On its program, however, the Cleveland meeting is listed as The First Annual Meeting of The American Association for the Study and Control of Rheumatic Diseases with Ernest E. Irons, President [4]! This situation continued annually until 1938 when, for the first time, the meeting is actually listed on the program as the meeting of the American Rheumatism Association. That meeting was held in San Francisco with William J. Kerr of San Francisco, President.‡ By 1938, meetings were a full day. Despite the original intent to keep the size of the association limited, membership had grown to 260. Scientific programs featured a striking variety

* Members of the ACCR: Llewellys F. Barker, Baltimore; Charles G. Bass, New Orleans; Russell L. Cecil, New York; A. Almon Fletcher, Toronto, Canada; Russell L. Haden, Kansas City; Philip S. Hench, Rochester, Minnesota, Secretary; Melvin S. Henderson, Rochester, Minnesota; Joseph L. Miller, Chicago; George A. Minot, Boston; Archer O'Reilly, St. Louis; Robert B. Osgood, Boston; Ralph Pemberton, Philadelphia, Chairman; Rea A. Smith, Los Angeles; Hans Zinsser, Boston.

† This meeting was held the day before the annual AMA Convention, as were all future scientific meetings until the early 1960s [10].

‡ The succession of the American Committee and of associations and their presidents are shown in Figure 1.2.

PROGRAM

Conference on Rheumatic Diseases

AN OPEN MEETING SPONSORED BY

The American Committee for the Control
of Rheumatism

MONDAY, MAY 9, 1932, NINE O'CLOCK A.M. TO TWELVE NOON

Hotel Roosevelt, Room A, New Orleans

It is requested that papers be presented in abstract, not read. Time limit for papers will be 12 minutes. (For total discussion of any one paper time limit 8 minutes). Discussions of any paper by members of the audience are cordially invited.

1. Chairman's Introduction—Dr. Ralph Pemberton, Philadelphia
2. "Clinical and Economic Factors of Arthritis in 450 Ex-members of the Military Service."
.....Dr. Philip B. Matz, Washington, D. C.
Discussion: Dr. Wallace S. Duncan, Cleveland, Ohio, and Dr. Francis C. Hall, Boston.
3. "Relation of the Digestive Tract to Chronic Arthritis"
.....Dr. T. Preston White, Charlotte, North Carolina
4. "Gallbladder Disease in Chronic Infectious Arthritis: Results of Cholecystectomy"
.....Dr. E. Starr Judd (and Dr. Philip S. Hench), Rochester, Minnesota
Discussion (papers No. 3 and No. 4): Dr. R. Garfield Snyder, New York City, and Dr. A. R. Shands, Jr., Durham, North Carolina.

(a)

FIGURE 1.1.

of papers that involved possible etiologic factors, differential diagnosis, and medical and orthopedic treatment.

It is noteworthy that as early as 1926, Philip S. Hench of Mayo Clinic, following a year of observations in Germany, was the first appointed chief of an American academic division of arthritis to which residents and fellows were assigned [3]. Between 1929 and 1937, units for research and education were started by Walter Bauer at Harvard

5. "Climate Therapy for Chronic Arthritis: Results in 500 Cases".....Dr. W. Paul Holbrook, Tucson, Arizona
6. "The Desensitization Treatment of Chronic Arthritis".....Dr. James Craig Small, Philadelphia
7. "Intravenous Streptococcic Vaccine Therapy in Chronic Arthritis".....Dr. Macnider Wetherby, Minneapolis
Discussion (papers No. 5, No. 6 and No. 7) : Dr. John W. Gray, Newark, New Jersey; Dr. Wm. J. Kerr, San Francisco, California, and Dr. O. O. Ashworth, Richmond, Virginia

Papers to be read if time permits

8. "Sinus Infections as Silent Foci in Arthritis".....
.....Dr. R. Garfield Snyder, New York
9. "Degenerative Arthritis in Ilio-femoral Ligaments".....Dr. Edward K. Cravener, Boston
10. "The Joints in Infection".....Dr. Chester S. Keefer, and Dr. Walter K. Meyers, Boston
11. "The Arthritis Problem".....Dr. Millard Smith, Boston
12. "Classification of Osteo-arthritis".....
.....Dr. Walter Gay Lough, New York City

You are cordially invited to visit the exhibit of the American Committee for The Control of Rheumatism to be held in Booths 1004, 1006, 1008 and 1010 in the Exhibit Hall.

Ralph Pemberton, M. D., Philadelphia, <i>Chairman</i> Charles C. Bass, M. D., New Orleans Russell L. Cecil, M. D., New York A. Almon Fletcher, M. D., Toronto Russell L. Haden, M. D., Cleveland Melvin S. Henderson, M. D., Rochester, Minnesota	Joseph L. Miller, M. D., Chicago George R. Minot, M. D., Boston J. Archer O'Reilly, M. D., St. Louis Robert B. Osgood, M. D., Boston Cyrus C. Sturgis, M. D., Ann Arbor Hans Zinsser, M. D., Boston Philip S. Hench, M. D., Rochester, Minnesota, <i>Secretary</i>
--	---

(b)

FIGURE 1.1. (Continued).

University, Ralph H. Boots at Columbia University, Currier McEwen at New York University, and Richard Freyberg at the University of Michigan.

An early publication sponsored by the ACCR was *The Primer on Rheumatism, Chronic Arthritis* [11]. Published in *JAMA* in 1934, The Primer was aimed to help the practicing physicians in diagnosis and treatment of arthritis; its Editor was Edward Jordan, Associate Editor of *JAMA*. The second early publication was the

American Committee for Control of Rheumatism 1928-1934
 Scientific Meetings 1932-1934
 Ralph Pemberton, Chairman

American Association for the Study and Control of Rheumatic Diseases 1934-1937



Ernest F. Irons
1934-35



Russell L. Haden
1935-36



Russell L. Cecil
1936-37

American Rheumatism Association 1937-1960



William J. Kerr
1937-38



Ralph Pemberton
1938-39



Philip S. Hench
1939-40



Ralph H. Boots
1940-41



Loring T. Swain
1941-42



W. Paul Holbrook
1942-45



Walter Bauer
1946-47



Robert M. Stecher
1947-48



Richard H. Freyberg
1948-49



T. Duckett Jones
1949-50



Otto Steinbrocker
1950-51



Charles H. Slocumb
1951-52



Currier McEwen
1952-53



Charles Ragan
1953-54



Edward W. Boland
1954-55



Charles L. Short
1955-56



William D. Robinson
1956-57



L. Maxwell Lockie
1957-58



Joseph J. Bunim
1958-59



Charley J. Smyth
1959-60

FIGURE 1.2.

Rheumatism Review [12]. Directed to the clinical rheumatologist and investigator, it would provide reviews and updates of the English literature at 1-or 2-year intervals. First published in 1935 in the *Annals of Internal Medicine*, its editor was Dr. Hench.

Dr. Hench was well remembered for the classic, never-forgotten title of a paper he read at the 1940 ARA meeting: “An Oft-Recurring Disease of Joints (arthritis, peri-arthritis, para-arthritis) Apparently Producing No Articular Residues: Its Relationship to Angio-neural Arthrosis, Allergic Arthritis and Atrophic Arthritis. Report of 34 cases [3]. Some time later, Dr. Hench gave this recurring disease a new title, Palindromic Rheumatism, which was not a bad compromise [13].

There was no meeting of ARA during WW II. However, many leaders of the ARA were busily engaged in Army or Navy Centers for Arthritis or Rheumatic Fever, whereas another served as Consultant to the Surgeon General [14]. And then there was Currier McEwen, who was the Chief Consultant in Medicine for the entire European Theatre of Operations, and he had previously cooperated with Albert Einstein in creating positions at New York University and thus rescued some 20 Jewish physicians from the Nazis [15].

With the first reunion of the ARA in 1944, there was serious discussion of the need for financial support if the goals of ARA were to be met. After a national survey and consultation with the National Research Council, it was agreed that a new agency should be responsible for fundraising and disbursement of those funds for research and education, and that the ARA would continue as a separate medium for professional discussion of research and of advances in diagnosis and patient management. Thus, in 1948 the Arthritis and Rheumatism Foundation (A&RF) was formally established with W. Paul Holbrook of Tucson as President, and a well-known and respected business man Floyd B. Odum as Chairman of the Board. Prominent members of the ARA constituted the Medical and Scientific Committee of A&RF’s Board [3]. Seventeen years later, in 1965, “further unification” ensued when ARA, while preserving its functional independence, became a “Section” of the newly named Arthritis Foundation (see Figure 1.4).

A&RF’s Research Fellowship Program and educational publications demonstrated early fulfillment of its objectives. A&RF’s less obvious contribution was the availability of its administrative personnel to ARA. An outstanding example is one whose loyalty and untiring efforts extended from 1956 through 2007, Lynn Bonfiglio [10].

In 1949, an international congress hosted by the ARA and financially supported by A&RF was held in New York City. The meeting was a huge success. It commemorated two major events. First, it celebrated the inauguration of the enlarged International League Against Rheumatism (ILAR) [3]. In recent years, rheumatism societies of 13 European countries had organized La Ligue Internationale Contre le Rheumatisme. In 1944, rheumatism societies of nine North and South American countries, including the ARA, joined to create the Pan American League Against Rheumatism (PANLAR). At the New York meeting, PANLAR augmented ILAR to create an international league of two continents, the European and American. (In 1963, the rheumatism societies of Southeast Asia and Pacific Area [SEAPAL] became the third continental league of ILAR.)

The second major event of the New York meeting was the scientific program of papers read by worldwide experts. For the more than 500 international attendees, the real excitement occurred when Dr. Hench showed the movie of his rheumatoid arthritis patient failing an attempt to rise from a chair, and then easily rising from the chair 24 hours after the injection of cortisone [10]. The result was startling. A standing ovation followed. Respected American physicians, including Walter Bauer, came to the stage and extolled Dr. Hench's remarkable demonstration. What Dr. Bauer did not confess was that he had been given, for experimental use months earlier, adrenocorticotrophic hormone. Because of his caution and conservatism, he failed to try it. It was still in his refrigerator, untouched!

Within a year after the New York meeting and with the help of intensive lobbying and testimony by Drs. Holbrook, President of A&RF, and Robert M. Stecher, President of ARA, the Omnibus Medical Research Act of 1950 was signed into law by President Truman. This act authorized the establishment of the National Institute of Arthritis and Metabolic Diseases (NIAMD) [3]. Although the A&RF and NIAMD would provide funds for research, the ARA would remain the major platform for discussion and for dissemination of information to the medical profession (Figure 1.3). It was also suggested that increasing philanthropic activity in the field of rheumatic diseases would be indispensable [16].

With the increasing abundance of information, it is not surprising that the ARA grew remarkably in size and importance. Two-day meetings supplemented later with interim sessions were required to offer adequate time for excellent papers.

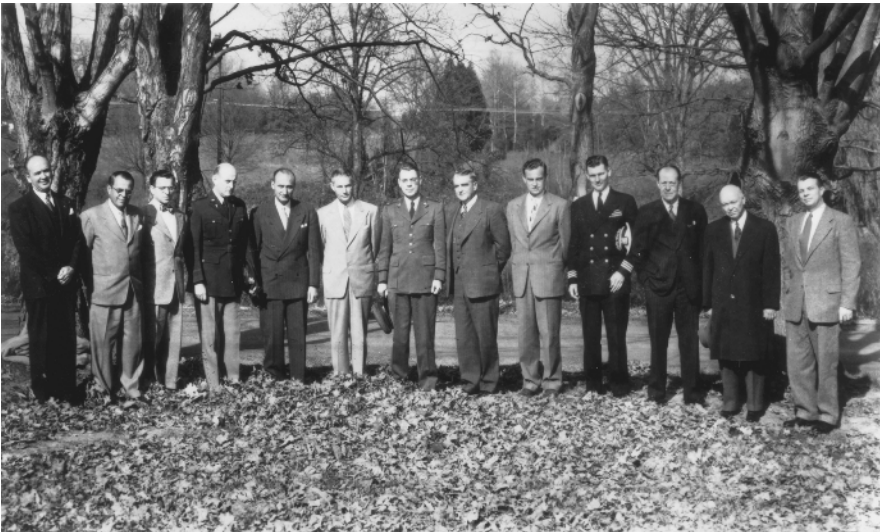


FIGURE 1.3. *First Meeting of the National Advisory Arthritis and Metabolic Diseases Council, November 15, 1950, Dr. William H. Sebrell, Jr., Dr. John A. Reed, Dr. Maxwell Wintrobe, Col. Paul S. Fancher, Dr. Richard H. Freyberg, Dr. Cecil J. Watson, Lt. Col. William D. Preston, Dr. W. Paul Holbrook, Dr. Alfred H. Lawton, Cmdr. J.S. Cowan, Mr. Wrston Howland, Mr. Clyde E. Wildman, and Dr. Floyd S. Draft.*



FIGURE 1.4. Signing of the so-called Merger Agreement between the AF and the ARA, 1965. Standing: Howard F. Polley, William S. Clark, Sitting: Ephraim P. Engleman, Morris Ziff, Floyd B. Odum.

Membership in the 1950s had grown to about 1200. The attendees at meetings, however, were occasionally as few as 20–25% of the total membership [17]. And even though this caused concern, the small number in the audience encouraged lively discussion. In private rooms where the Executive Committees met, discussions were lively, and they could be acrimonious. An example of that occurred at the San Francisco meeting of 1954 [10].

Joseph L. Hollander of Philadelphia had just given a thorough report of his Committee on the Desirability and Feasibility of an American Journal on Arthritis and Rheumatism. After careful study of the pros and cons, his Committee's unanimous recommendation was that the journal is both desirable and feasible. In no uncertain terms, the Executive Committee's members, including some past presidents, objected vociferously. There was already too much competition, "and anyway, there was too little editorial talent in the ARA." Dr. Hollander was asked to evaluate these and other criticisms, but instead he resigned his Chairmanship, convinced that a fresh approach was indicated. And so, soon thereafter, Dr. Freyberg was appointed as Chair. It was 4 years later when the Journal was finally approved. In 1958, the first issue of *Arthritis and Rheumatism* was published with William S. Clark as its Editor [18].

Not all that took place at annual meetings was necessarily serious business. Related events often provided light-hearted entertainment. For example, and again in San Francisco, a ferryboat excursion provided not only a sightseeing cruise of the San Francisco Bay but also dinner and drinks [10]. The walls of the boat were filled with signs extolling Walter Bauer's favorite drug. Instead of Bayer's Aspirin, the

signs read Bauer's Aspirin. A certain distinguished ARA member had a few too many drinks and had to be carried off the boat. At 8 a.m. the following morning, he was the first speaker at the Session on Clinical Research. Holding tightly on the podium, his opening comment was, "I still feel the rocking of that boat! I seem to have a heavy head." The title of his paper was "Gold Therapy in Rheumatoid Arthritis."

By 1970, the purposes of the pioneers of rheumatology were not only met but even exceeded. A revised Nomenclature and Classification had been approved [19]. Diagnostic criteria for rheumatoid arthritis had been proposed [20,21]. The early publication, *The Primer*, was enlarged from 8 to 71 pages and on its way to more [3]. The highly regarded educational publication, *The Rheumatism Review*, would fulfill its purpose with its 25th and final edition. Excellent material increased the issues of the journal *Arthritis and Rheumatism* from 6 to 12 per year. The first collection of lantern slides for teaching purposes had been offered to physicians. ARA membership continued its growth from 100 to 2300. Interest developed for collaboration with allied health professionals. Last, but surely not least, and for the first time, a woman was elected to the presidency of ARA: Marian W. Ropes of Boston [10].

REFERENCES

1. Billings F. Chronic focal infections and their etiologic relation to arthritis and nephritis. *Arch Intern Med* 1912;9:484-498.
2. Dawson MH, Boots RH. Recent studies in rheumatoid (chronic infectious, atrophic) arthritis. *N Engl J Med* 1933;208:1030-1035.
3. Smyth CJ, Freyberg RH, McEwen C. History of Rheumatology in the United States. Alpharetta, GA: Arthritis Foundation; 1985.
4. Stecher RM. American Rheumatism Association: Its origins, development and maturity. *Arthritis Rheum* 1958;1:4-19.
5. Pemberton R, Foster GL. Studies on arthritis in the army, based on 400 cases. *Arch Intern Med* 1920;25:243.
6. Pemberton R. The control of rheumatism (editorial). *JAMA* 1928;91:30-31.
7. Nichols EH, Richardson FL. Arthritis deformans. *J Med Res* 1909;21:149-205.
8. Hench PS, et al. Rheumatism and arthritis: Review of American and English literature for 1940 (Eighth Rheumatism Review). *Ann Intern Med* 1941;15:1002.
9. A conference on rheumatic diseases. *JAMA* 1932;99:1020-1022.
10. Engleman EP. Personal observation.
11. American Medical Association. Primer on rheumatism. Chicago, IL: American Medical Association; 1934.
12. Hench, PS, Bauer W, Fletcher AA, et al. The present status of the problem of rheumatism: A review of recent American and English literature on "rheumatism" and arthritis. *Ann Intern Med* 1935;8:1315-1374, 1495-1555, 1556-1580.
13. Hench PS, Rosenberg EF. Palindromic rheumatism. *Arch Intern Med* 1944;73:293-321.
14. Hench PS, Boland EW. The management of chronic arthritis and other rheumatic diseases among soldiers of the United States Army. *Ann Intern Med* 1946;24:808-825.

15. Block MM, Block SR. In memoriam. Currier McEwen, MD. *Arthritis Rheum* 2003; 48:2739–2740.
16. Engleman EP. The crusade against arthritis: The role of the American Rheumatism Association. *Arthritis Rheum* 1963;6:311–316.
17. Engleman EP. President’s message. *Arthritis Rheum* 1963;5:668–669.
18. Clark WS. Arthritis and rheumatism: Official journal of the American Rheumatism Association (editorial). *Arthritis Rheum* 1958;1:1–3.
19. Blumberg B, Bunim JJ, Calkins E, et al. ARA nomenclature and classification of arthritis and rheumatism (tentative). *Arthritis Rheum* 1964;7:93–97.
20. Ropes MW, Bennett GA, Cobb S, et al. Proposed diagnostic criteria for rheumatoid arthritis. *Bull Rheum Dis* 1956;7:121–124.
21. Ropes, MW, Bennett GA, Cobb S, et al. Revision of diagnostic criteria for rheumatoid arthritis. *Bull Rheum Dis* 1958;9:175–176.