Canadian rheumatology has developed in a very interesting and possibly unique manner. The country’s size and the British North America Act have provided a strong regional impetus in the development of this field. At the same time, the history of rheumatology in Canada has been characterized by strong national initiatives, as well as the development of many provincial associations. Personalities among us have been as colorful as they have been committed. Such individuals have tended to stick out in our memories but, ultimately, the most engaging story is about ourselves and our field.

Yet, is there really a need to have a history of Canadian rheumatology? There have been a number of interesting articles about various aspects of this field of medicine, including the development of the Canadian Rheumatology Association (CRA) and the Canadian Arthritis Society, which have played important roles in some of the early history and lives of many notable rheumatologists.

There exist a number of other important records, not all of which are published or generally available. Some members of the CRA, have felt that with the deaths of the current crop of senior individuals in the field, much of the embedded living memory of our history, which spans over half a century, would be lost if not recorded. But would this be much of a loss? This is difficult to answer.

There is, of course, the boiler-plate response that the young will always benefit from the history of the previous generations. More important, the diverse Canadian experience includes a fascinating evolution and in many cases, the devolution of different models: dedicated arthritis beds, the development of the rheumatic disease units (Arthritis Centres), integrated physiotherapy and occupational therapy services, the clinician scientist, orthopedic and rehabilitation approaches and, perhaps above all, the drugs we use with all of their implications. Can we have confidence we are going in the right direction, without reminding ourselves where we came from?

The project of attempting to write our history started to evolve in a fairly typical Canadian fashion. No really good plan, no firm objectives, no clear idea where we were or where we might be going, but a growing number of individuals simply expressing an interest just because it seemed like a good idea at the time.

Soon enough the elements of an organizational structure appeared. The CRA agreed to adopt the project and to help foster it. The *Journal of Rheumatology* agreed to publish a series of articles, either as regional histories or vignettes of general interest. There was much initial discussion whether we should try to do it as a supplement in the *Journal* or publish the articles in different issues, as they became available. The latter seems to be the more prudent course, leaving open the possibility of consolidating the articles in a book or monograph, or in an open-access, renewable resource such as Wikipedia.

Corporate support was found through Abbott, which is much appreciated.

Among the initial group that became interested, there was almost immediate consensus on a few key points. The project will be collaborative and inclusive. Anyone who might have an interest in working on the project is most welcome. The storytelling should have a strong regional flavor so all interested may have a chance to speak of their favorite places and personalities in Canada.
interviewer to assist those who might need this service, and have periodic conference calls to update each other on our progress and hash-over additional ideas.

Although the main purpose of this article is to inform the CRA membership about this project, we also wish to extend a warm invitation to anyone who feels that they might like to contribute to compiling the history of Canadian rheumatology. This can be either as a regional history, a vignette or through making available a resource of interest.

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References:

**Supreme Court Ruling of 1928 Neglects Important Rheumatic Disease Findings**
Modern Electronic Record Keeping Could Feel the Effects 80 Years Later

By Steve Edworthy, MD, FRCPC, BSc

This is a story about a missed rheumatic-disease diagnosis, inappropriate breaking of patient confidentiality, and a libel and slander claim that, after several years, led to the first Canadian Supreme Court ruling on patient-physician trust relationships.

Christopher Walter Halls, a married Toronto carpenter, volunteered for the war effort in 1916. He received his military medical exam and was inducted in the army in Niagara Falls, Ontario. Halls was assigned to the King George Overseas Expeditionary Forces, and fought in the trenches of France during WWI. While in service, episodes of urethritis were recorded in his military record as "v.d.g." This indicated the physicians thought he had a venereal disease (VD gonococcal)—later hotly refuted by Mr. Halls.

Halls received an early discharge when a heart murmur was discovered, not noted on his original induction examination. Upon return to Canada from France, he became a tradesman with the Canadian National Railway. While working, he developed symptoms including red eye and rheumatism. Halls believed that these symptoms were caused by his being struck by an opening door on the job. He sought compensation from the Worker’s Compensation Board (WCB) for his loss of income.