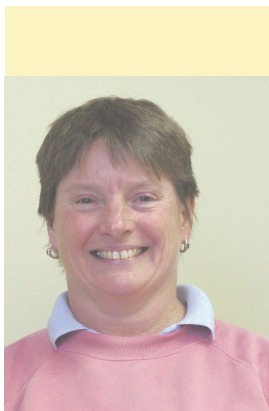


# EDITOR'S COMMENT

## Aches and pains



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October's edition of *CME* is on rheumatology and who among us does not know someone whose life is made painful and difficult by some kind of rheumatic condition. Many of us suffer from one of these conditions ourselves. Rheumatic diseases are common, from the relatively simple osteoarthritis to the immensely complex connective-tissue diseases and the huge variety of other autoimmune disorders. Their high incidence has spawned the development of a huge number of different drugs, in a variety of different classes, each with their own specifics of use and side-effect profile. Alongside this is an array of different laboratory investigations of ever-increasing complexity, complete with the challenge of interpreting these results. Specialists in rheumatology deal with a great variety of different illnesses and have to understand complex biochemistry and immunology and, on top of all this, have to deal daily with patients whose entire lives are dominated by pain, limitation of function and often frank disability.

Of course, this is no less than the average GP also has to deal with because so many patients suffer from these conditions. Hence the usefulness of an issue of *CME* that deals exclusively with rheumatology. Dr David Gotlieb and his team have put together a comprehensive and commonsense approach to rheumatology, drawing on their experience of daily practice, that should help any GP take a rational approach to the management of patients with conditions as diverse as osteoarthritis and mixed connective-tissue disease. The article on the interpretation of laboratory results in rheumatic disease should be particularly useful, because so much interpretation rests on balances of probability rather than absolute values. David Gotlieb's article on an approach to the patient with rheumatic disease is an excellent guide to how to deal with history and clinical examination in this sometimes difficult subject. Particularly useful is his discussion of the distinction between inflammatory and non-inflammatory forms of rheumatic disease. I hope that this edition of *CME* proves as useful in practice as I think it should.

Eye Care Awareness Week is from 10 to 14 October and World Sight Day is on 13 October. This year, the national campaign focuses on preventable childhood blindness. Of course, trachoma is the disease that springs to mind when thinking about preventable causes of blindness in Africa, caused by a simple little organism called chlamydia and it is entirely preventable. Seventy-five per cent of those afflicted with trachoma are in Africa. Washing the face in clean water can prevent the disease, a short dose of azithromycin can cure it and 15 minutes of inexpensive surgery can correct the advanced stage of the disease.

Enjoy your reading this month and many thanks to all those artistic doctors who have sent in artwork to use on the covers of *CME* over the next months. I don't know where you find the time – but then if I didn't run and cycle so often I would probably have more spare time.