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Nascent subspeciality of Rheumatology is probably the most clinical and least esoteric amongst various subdivisions of General Medicine. A competent rheumatologist must therefore be equipped with physician's ingenuity, the immunologist's inquisitiveness and orthopedic surgeon's resourceful skills in order to elucidate, to understand and to alleviate the pain and disability of rheumatological conditions. Management of rheumatological diseases is basically 'game of patience, of stoicism, of common sense and above all of optimism'. The last decade has seen major advances in our understanding of the pathophysiology of rheumatological diseases. JAPI has timely taken up the issues in rheumatology. The scope is deliberately wide. Various authors from different parts of the country have contributed with recent developments. Dr. P. K. Pispati in his article 'Evidence-based practice in rheumatology' has given a beautiful overview of the best available evidences obtained from different controlled randomized trials in different therapeutic advances in various rheumatological problems. His stress on 'evidence-based medicine' instead of 'medicine-based evidence' is well taken.

Dr. V. R. Joshi in his article 'Vasculitis – Indian perspective' has given an overall scenario of vasculitis in our country. He has mentioned some of the vasculitic mimicry where we should use our clinical judgement. In his article 'Cytokine network and its manipulation' Dr. A. N. Malaviya has dealt in a very lucid way the biological therapy of rheumatoid arthritis. This modality has got an exciting future not only in rheumatoid arthritis but also in some other complex immunological diseases.

Dr. Rohini Handa in his article on 'Systemic lupus erythematosus and pregnancy' has dealt the different aspects of effect of SLE on pregnancy like planning of pregnancies and different obstetrical and foetal issues. He also has covered the issue of effect of pregnancy on SLE. This information is useful in the daily clinical practice by obstetricians as well by rheumatologists managing lupus patients.

In his article 'Long term complications of systemic lupus erythematosus' Dr. Sukumar Mukherjee has emphasized the fact that with prolonged survival of lupus patients we have overcome many acute complications but are now burdened with late chronic complications. So early detection of risk factors for those complications will help us to stratify the therapy accordingly.

Dr. Alakendu Ghosh in his article 'Antiphospholipid syndromes – clinical overview' has given the clinical spectrum of APLA syndrome. The indices of suspicion will help us to avoid therapeutic misadventure of increasing steroid dosage and offer anticoagulants.

'Infection and arthritis' is a problem we face regularly. Dr. A. N. Chandrasekharan in his article has briefly touched upon the microbial and host factors of joint involvement. He

has stressed the fact that septic arthritis is an emergency and we have to act within first 2-3 days to avoid permanent joint damage, especially in children.

HIV infection has started becoming a speciality by itself. Dr. G. Narsimulu in his article 'Musculoskeletal disorders in HIV infection' has elucidated the clinical spectrum of musculoskeletal problems which are unique to the infection itself. He has given the interesting facts that rheumatoid arthritis and SLE, the two most commonly encountered rheumatological diseases may ameliorate in HIV infection.

The problem of rheumatic fever is declining in our country also. Dr. G. S. Sainani in his article 'Rheumatic fever – how relevant in India today' has shown from different pooled data that we should improve our nutritional and environmental hygiene if we really want to make rheumatic fever irrelevant in our country. He has given stress on prevention of rheumatic fever by penicillin prophylaxis and vaccine.

Systemic sclerosis is a very disheartening disease to manage. But Dr. Ramnath Misra in his article 'Advances in therapy of systemic sclerosis' has shown us many of the promises of therapeutic advancement in relation to genetic dysregulation in vascular insufficiency or fibrosis like recombinant human relaxin. Bosentin – the endothelium receptor blocker has shown tremendous potential in management of pulmonary hypertension of SSc.

Majority of subspecialties in medicines are having 'Scopes' in their hand to introduce through any human access. Rheumatologists also have arthroscopy with them to compete with other 'Scopists'. Col. V. P. Chaturvedi in his article 'Arthroscopy of rheumatologist: opportunities and challenges' has enumerated the potentialities of use in its diagnostic and therapeutic platform. Dr. K. M. Mahendranath in his article 'Sjogren's syndrome – diagnosis and management' has described the clinical and laboratory denominators for diagnosis of Sjogren's syndrome. Symptomatic treatment is the cornerstone of therapy.

Dr. U. R. K. Rao and Dr. V. Shantaram in their article 'Rheumatological emergencies' have depicted the various emergencies both due to disease itself or due to various drugs like immunosuppressives and NSAIDs that are being prescribed by clinicians.

'Idiopathic inflammatory myopathies' by Dr. Ashok Kumar has given insight into various forms of inflammatory muscle diseases with newer developments and use of variety of immunosuppressives.

We need now to consider how to put these advances in clinical perspective for ourselves and our patients.