TABLE III.—COMPARISONS AFTER SUBDIVISION BY INITIAL SEVERITY

[P=placebo; D=drug]

Index	Initial severity	Number of patients		Median change in group	Percent exceeding group median		Median change in subgroup	
		P	D		P	D	P	D
Duration of morning stiffness	3 or more hours	22	18	—2½hr	32	72	—1¼hours	—3 hours.
Number of clin active joints	More than 28 joints	18	19	—10 joints	28	68	—6 joints	—16 joints.
50-foot walk	More than 16 seconds	15	14	—2 seconds	27	64	0 seconds	—3 seconds.
ESR	More than 55 mm	17	13	—12 mm	41	61	—11 mm	—17 mm.
Grip strength	75 mm. Hg or more	34	36	+22 mm	35	64	+14 mm	+34 mm.

Overall assessments

Three methods of overall assessment showed marked differences associated with the drug.

1. A.R.A. functional classes—Of the patients initially in Class II, only 9 per cent of 33 who were on placebo moved to Class I, whereas 50 per cent of 30 drug-treated patients did so. (P approximately 0.001.) Migration of Class III patients to Class II showed no influence of the drug.

2. Five point scoring system—Each patient was given a score of one unit for an improvement in any one of the five individual indexes and the scores were then summated. (When a patient could not score on one of the indexes, e.g., through inability to walk, an adjustment was made to bring his total possible score up to 5.) Scores of 3, 4 or 5 were counted as "improvement" (Table IV). This index had shown a drug-placebo difference in the three month hydroxychloroquine trial and is to be explored further as an overall measure.

TABLE IV.—COMPARISONS BY OVERALL ASSESSMENTS

Parameter	Placebo		Drug	
	Number	Improved (percent)	Number	Improved (percent)
Advanced from class II to class I	33	9	30	50
5 point scores	57	54	53	75
Observers' assessments	60	35	53	64
Patients' impressions	60	60	53	75

3. Observers' overall assessments—This was not a "clinical impression" in the ordinary sense because the observers had a summary of their month by month observations; but perhaps it is the most comprehensive summing-up of a patient's progress and it is free from treatment-connected bias in a truly double-blind trial.

The patients' impressions of drug-placebo differences, considered apart from the other data, could have been accounted for by individual variation.

No patient went into remission during the trial.

X-ray evidence—assessment (by Dr. Josephine Wells, Columbia University) is not yet finished but an unselected sample of films from 50 patients has shown no drug-placebo difference.

Undesirable signs and symptoms

Table V shows that all the recorded phenomena occurred more frequently in drug-treated patients, but the placebo patients showed considerable frequencies that might have been attributed to the drug in a trial without placebo. No patient was removed from the trial because of these occurrences.