Other studies performed initially and on each follow-up visit on all 28 patients included a Westergren ESR, hematocrit, WBC and differential counts, urinalysis and a stool guaiac test.

At follow-up, patients were asked to report any adverse reactions to the drug. Upper G–I series were performed on only those patients who had gastrointestinal complaints. X-rays of axial and involved peripheral joints and electrocardiograms were performed yearly. An ophthalmologic evaluation including slit lamp examination was conducted on all 25 patients who had received indomethacin for more than one year.

Evaluation of findings. Therapeutic assessments done at the end of the trial consisted of evaluation of: 1) ARA functional class, 2) the four selected parameters, singly and collectively, 3) calculation of average maintenance dosage, 4) the withdrawal phase of the trial, 5) ESR values, 6) systemic manifestations, and 7) adverse reactions to the drug.

The four selected parameters were rated as improved when joint pain decreased in intensity, duration of morning stiffness diminished by at least one-half hour, onset of fatigue decreased by at least two hours, and the total range of joint motion increased by 25 per cent or more.

We also devised an over-all therapeutic rating scale, whereby improvement in three or four of these selected parameters was graded as good, in one or two as fair, and in none as poor.