## ANAYSIS OF RESULTS

The mean strength of grip at the commencement of the study and at weekly intervals throughout the trial was calculated for each series of patients (Table I).

TABLE I.—MEAN VALUES FOR WEEKLY ESTIMATIONS OF STRENGTH OF GRIP (MM. HG) FOR PATIENTS STARTING ON SOLUBLE ASPIRIN AND INDOMETHACIN

		Starting drug		Soluble aspirin	Indomethacin
Number of cases				20	18
Grip (mm. Hg): Initial Week 1	· · · · · · · · · · · · · · · · · · ·			145. 65 1 163. 90	159. 28 2 194. 11
Week 2 Week 3 Week 4			***************************************	1 173, 60 2 183, 80 2 188, 30	2 194, 50 1 199, 17 1 202, 06

<sup>1</sup> Aspirin. 2 Indomethacin.

Improvement was most marked during the first week of treatment with both drugs and in this week the average improvement was almost twice as great in those starting on indomethacin as in those starting on soluble aspirin. In the second week the indomethacin group—although then on a slightly higher dosage, having changed from 25 mg. three times daily to 25 mg. four times daily—showed on average no improvement in mean strength of grip but the value in the soluble aspirin group continued to improve, so that after 2 weeks the difference had narrowed considerably. During the second half of the study both groups showed some further average improvement, which was again more steady in those starting on aspirin, who were now on indomethacin; over the whole of the second fortnight those now on soluble aspirin showed only half the improvement of the other group. The total improvement after 4 weeks was virtually identical in the two groups.

TABLE IV.—SIDE EFFECTS ATTRIBUTABLE TO SOLUBLE ASPIRIN AND INDOMETHACIN IN 42 PATIENTS

	Side effect		Drug	
	Side ellect	and the first of the second se	Soluble aspirin	Indomethacin
leadache			10	1.
izziness	 		10	
eafness	 		6	
)yspepsia	 		10	1/
omiting	 		3	•
)iarrhea			ž	
lash	 		ň	
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