

It is seen that "good" or "excellent" response was noted in 70 of 95 patients (73.7%) who were not given irradiation therapy, and in 125 of 165 patients (75.7%) who were given one to three courses of irradiation. There is therefore no significant difference between the two groups. We must emphasize, however, that the comparison is not valid because: (1) irradiation was only one of several therapeutic measures employed in the management of our patients, and (2) we did not evaluate separately the efficacy of physiotherapeutic measures apart from irradiation therapy. Our aim was to employ a therapeutic regimen which would expeditiously bring about a satisfactory remission of the disease and maintain this remission as long as possible.

DISCUSSION

During the course of this study we were impressed by the variability of the subjective manifestations and the general lack of correlation between subjective complaints, clinical manifestations, alleged disability and the roentgen manifestations, especially during the early stages of the disease. We became aware of the influence of the expected gain to be derived from the persistence of complaints in regard to awards of disability compensation in many of our veteran patients. Nevertheless, the diagnosis could be made with certainty in most of these patients. We found the following clinical features to be of value in diagnosing the disease during the early stages: (1) the complaint of aching and stiffness in any part of the lumbodorsal spine, occurring during the night, awakening the patient two to three hours after he had fallen asleep, and necessitating his getting off the bed and walking around in order to "limber up" and obtain relief; (2) the repetition of this process two to three times nightly; (3) the occurrence of stiffness and aching in any part of the lumbodorsal spine on awakening in the morning, but "limbering up" upon resumption of activity; (4) reaction of the patient to the performance of the various orthopedic maneuvers.

We were also impressed by the difficulty in correctly interpreting the earliest radiographic changes and their differentiation from the normally occurring variations in the margins of the sacro-iliac and apophyseal joints. We also became aware of the difficulties in estimating the extent of relief obtained separately from physiotherapy and from irradiation. This difficulty was partly due to the fact that the relief of subjective complaints occurred not infrequently two to four weeks after completion of irradiation therapy. In our experience, the best results were generally obtained from the combination of physiotherapy, irradiation, postural and muscle exercises, the judicious use of aspirin and correction of static factors and of established deformities by orthopedic procedures.

SUMMARY

The clinical features and roentgenographic signs in 267 patients with rheumatoid spondylitis are described. The difficulties in diagnosis encountered during the early stages of the disease are discussed, and methods found helpful by the authors in diagnosing the disease during its early stages are described. Management of the disease is discussed, and results of therapy in this series of cases are tabulated.

SUMMARY IN INTERLINGUA

Es describe manifestationes clinic e le constatactiones roentgenographic in 267 patientes masculine con spondylitis rheumatoide. Le diagnose e le tractamento es discutite. Le etates del patientes al tempore del declaration del morbo variava inter le secunde e le sexte decennio. A judicar per le gravamines subjective del patientes, affection de articulation peripheric esseva presente in 166 ex 264 casos (i.e. 62,8%). Signos objective de affection de articulation peripheric esseva presente in 113 ex 266 casos (i.e. 42,4%). In le majoritate del casos, le declaration del morbo esseva insidiose. Le grados de severitate del dolor dorsal variava considerabilemente in differente patientes. In 63 casos (i.e. 23,5%) illo esseva accompagnate de radiation sciatic e de paresthesias. In le casos characteristic, le patientes esseva eveliate perdolores dorsal duo a tres horas post addormir se. Alicunes habeva dolorose contractiones del musculos abdominal e acute dolores migratori in le thorace durante le respiration.

Le constatactiones physic variava grandemente in differente patientes. Observationes frequente esseva applatation del thorace e del spina lumbar, obliteration del curva lordotic, exaggeration de cyphosis dorsal, dysfunction del expansion del thorace, rigiditate con movimento "como massa unite" del spina integre, e dys-