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Key Passage(s) Context

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**Quin CA, Mason RM, Knowelden J (1950).** Clinical assessment of rapidly acting agents in rheumatoid arthritis. *BMJ* 2:810-813.

**Key passages**

**CLINICAL ASSESSMENT OF RAPIDLY  
ACTING AGENTS IN RHEUMATOID  
ARTHRITIS**

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### Experimental Methods

The method used involved the clinical assessment of patients suffering from rheumatoid arthritis before and after injection: it was designed to include the following precautions:

*Adequate Numbers.*—A sufficiently large number was treated to enable a satisfactory statistical analysis to be carried out where necessary.

*Placebo Control.*—All patients received both test substance and control injection on separate occasions. They were unaware that placebo injections were being used, and the order of injection was statistically randomized.

*Observer Control.*—The observer was unaware of the nature of the injection given when carrying out the assessment, nor did he have available any record of previous results.

In addition, care was taken to avoid psychological pressure in that patients were told they were not receiving cortisone or A.C.T.H., and that this was simply a scientific investigation into a substance whose effects were not known. It was made absolutely clear that this was an investigation in which they were being asked to co-operate and that it was not part of their treatment.

Since the full assessment of a case of rheumatoid arthritis is a long and tedious business it was necessary to select certain features which would reasonably be expected to be affected if an active agent were used. Such features were both subjective and objective. The subjective phenomena considered were pain and stiffness. Objective measurements were made of joint tenderness, muscle power as measured by the power of grip, range of movement as illustrated by the range of abduction of the shoulder-joint, and the speed of movement by the time taken to walk a distance of 8 yards (7.3 m.), including climbing some steps. While these are by no means complete—and experience will probably suggest other criteria—they cover most of the recognized features of the disability of rheumatoid arthritis.

Joint swelling as such was not measured. We have not established a satisfactory method of doing this, but it would seem reasonable to suppose that any significant reduction in swelling would be manifested by some change in the other features measured. Nor were pathological criteria included, since these have been the subject of careful investigation by others (Bywaters *et al.*, 1950; Dresner *et al.*, 1950), and, as has already been explained, the object was primarily to find out whether clinical improvement took place.