PREFACE

The aim of the present investigation was to evaluate the prognosis of gold therapy in the treatment of rheumatoid arthritis and to compare the effects of such therapy with those produced by ordinary physical therapy. The long-term results as well as the immediate effects were considered.

The clinical material was composed of patients undergoing gold treatment at the Pensions Board’s Hospital at Nynäshamn. A total of 502 gold-treated subjects from this hospital were studied. A control series comprised 362 patients who instead of being given gold had received routine physical therapy at other hospitals managed by the Pensions Board. The long-term results were evaluated on the basis of data derived from replies to a circularized questionnaire.

I am indebted in the first place to the Pensions Board for making available records concerning the patients treated and for coming to my aid when I had to procure further particulars about the patients. I am also grateful to the Board for various measures serving to facilitate the investigation.

To my chief, Doctor Fredrik Sundelin, M.D., go my warm thanks for his constant interest in my investigation and all the help he so liberally gave me. Needless to say, his considerable experience of gold therapy has stood me in good stead.

For assistance with and advice about the statistical treatment of the data I turned to the State Institute of Human Genetics and Race Biology, Uppsala. I am glad to have this opportunity of thanking the chief of the Institute, Professor Gunnar Dahlberg, M.D., for his great help and sound advice not only with the statistical analysis but also with the planning of the investigation and the collection of the data. I also wish to put on record my indebtedness to the staff of the Institute, particularly Mrs. Ella Tibbling who gave valuable assistance in the statistical part of the work.

Professor Nanna Svartz, M.D., of the Caroline Institute and Caroline Hospital, Stockholm, had the courtesy to look over my results. She suggested that I should try some of the recently
developed modes of treatment where hormones (cortisone and/or ACTH) are combined with other agents used in the control of rheumatoid arthritis. Appended to the work proper is accordingly a report on two series of cases: one treated with hormones combined with gold, and the other with hormones combined with Salazopyrin. However, as the patients available for this part of the study were few and could be observed only for a relatively short period, I have refrained from drawing definite conclusions from the results obtained. It is my pleasant duty here to thank Professor Svartz for her advice, for valuable guidance concerning combination therapy with hormones and Salazopyrin and for the interest she has taken in my work.

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