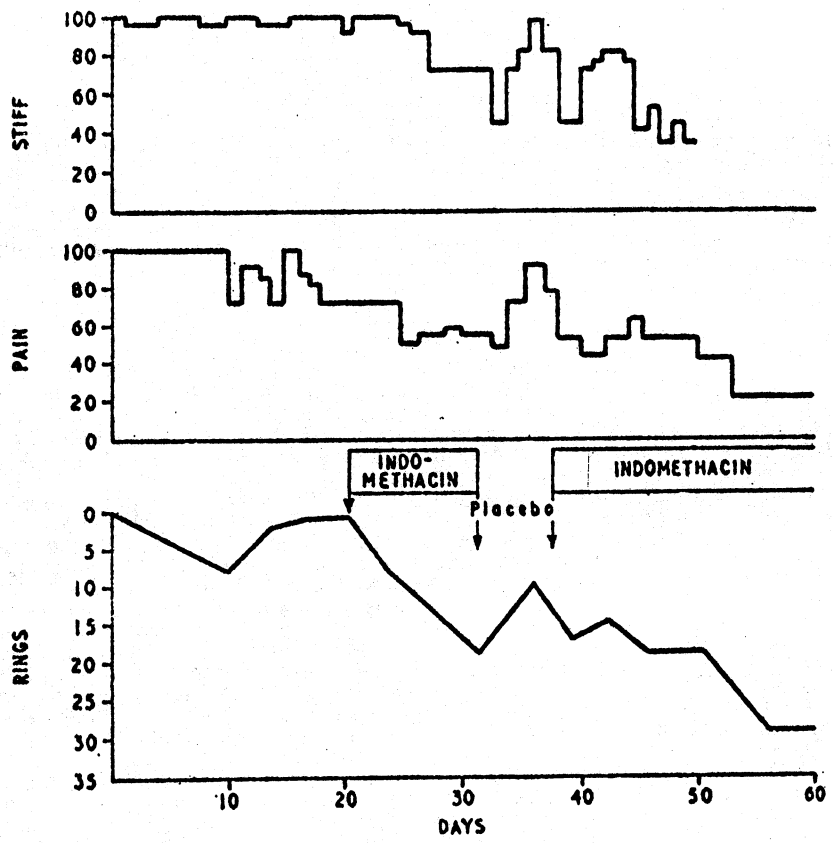

FIG. 1.—Chart of woman aged 58 treated with indomethacin for rheumatoid arthritis of two years' duration.

A man aged 61 developed acute rheumatoid arthritis over a period of nine months and required admission to hospital. As can be seen in Fig. 2, his condition was not improved by salicylates. Indomethacin was introduced without any pronounced effect and he was changed to corticotrophin. This resulted in clinical improvement and marked loss of inflammatory swelling.

In this case the rheumatoid disease was very active and a dosage of 60 units of corticotrophin was required initially to control the condition. In five cases where both drugs were used corticotrophin proved a much more effective anti-inflammatory agent than the new one.

Of 37 patients with rheumatoid arthritis without measurable inflammatory features, 14 noted a beneficial effect, 14 noted no effect, and in 9 the result was inconclusive. Of the 14 patients who noted a good effect 9 preferred indomethacin (100 mg.) to phenylbutazone (100 mg.), four noted a moderate improvement, equivalent to that obtained from phenylbutazone, and one noted mild symptomatic relief only. Of the 14 patients who noted no improvement on indomethacin, six benefited from phenylbutazone, while seven noted no effect; one had not received phenylbutazone. Indomethacin was inconclusive in a further nine patients, eight of whom experienced side-effects and one developed an influenza-like illness and stopped taking the tablets. Six of these patients found phenylbutazone to be of value, two noted no effect, and one had never taken phenylbutazone.