Dyspepsia has been rare—in 4 out of 99 patients. Also rare were faintness (2), drowsiness (2), and feelings of drunkenness (4). Intolerance or resistance to the drug has not been observed in up to one year of continuous treatment.

Indomethacin is the drug of choice in acute gout, where relief is obtained more rapidly than with phenylbutazone. It is useful also in ankylosing spondylitis, in osteoarthritis, and in cases of rheumatoid arthritis with inflammatory features and swelling of joints.

Although more time is needed before the true incidence of toxic effects can be evaluated, indomethacin appears to be a useful addition to the treatment of these rheumatic disorders.

ADDENDUM

We have now followed up 123 patients for periods of up to one year; other workers have reported dyspepsia and occasional gastrointestinal haemorrhage as complications of indomethacin therapy. In our experience to date, only 4 out of 123 patients have experienced dyspepsia and none has had clinically detectable haemorrhage. Three of these four patients have suffered dyspepsia on phenylbutazone.

One patient who noted an initial symptomatic improvement on indomethacin has found that the symptoms have gradually returned in spite of continued treatment. This was thought to be due to the possible development of tolerance.

Three out of 123 patients developed skin lesions; one of these suffered from disseminated lupus erythematosus. The rash was irritating and consisted of discrete red macules and papules on the limbs. It disappeared completely within 48 hours of stopping the drug.

In one patient a reduction of the drug from 350 to 150 mg. a day resulted in the rash resolving.

We wish to thank Dr. J. Merry and Dr. R. Hodgkinson, of Merck Sharp and Dohme, for their co-operation and for the provision of supplies of indomethacin; also Dr. D. Taylor, of St. Stephen's Hospital, Chelsea, who was responsible for the clinical care of some of the patients.

References

Hart, F. D., and Clark, C. J. M. (1951). *Lancet*, 1, 775.
Hucker, H. B., Zacchei, A. G., and Cox, S. V. (1963). *Fed. Proc.*, 22, 544.

[From British Medical Journal, Nov. 27, 1965, pp. 1281–1284]

INDOMETHACIN AND PHENYLBUTAZONE: A COMPARISON

(By F. Dudley Hart,* M.D., F.R.C.P., and P. L. Boardman,* M.R.C.P.)

Early papers on indomethacin reported promising results from its use as a non-specific anti-inflammatory agent in the treatment of the chronic rheumatic disorders (Paul and Strottman, 1963; Ballabio *et al.*, 1963), with dramatic results in gout (Smyth *et al.*, 1963). A controlled clinical trial demonstrated significant preference for indomethacin against placebo in rheumatoid arthritis (Dixon *et al.*, 1963). Measurable reduction of joint swelling as a result of treatment with indomethacin was reported in active rheumatoid arthristis (Hart and Boardman, 1964). There was no significant difference between indomethacin and phenylbutazone (Percy *et al.*, 1963)—in this trial the treatment period on each drug was one week and the indomethacin used was in tablet form, which, for various reasons, has been replaced by a gelatin-coated capsule.

This paper reports the results of a double-blind trial in which the effect of phenylbutazone is compared with that of indomethacin capsules, each drug being given for one month to patients with active rheumatoid arthritis. A brief account is also given of the results obtaind from the treatment of rheumatoid arthritis, osteoarthritis, and ankylosing spondylitis with indomethacin during a period of two and a half years.

I. DOUBLE-BLIND TRIAL

All 26 patients who took part in the double-blind trial of indomethacin and phenylbutazone had classical rheumatoid arthritis or definite rheumatoid arthritis as defined by a Committee of the American Rheumatism Association (1959).

*Westminster Hospital, London.