TABLE I.—DEGREE OF BENEFICIAL EFFECTS IN 41 PATIENTS TREATED WITH INDOMETHACIN

Disease	Excellent	Good	Fair
Rheumatoid arthritis (71)	3	14	10
Rheumatoid spondylitis (6)		1	2
Reiter's syndrome (4)		3	
Gout, chronic (5)		1	
Osteoarthritis (4)	1	2	
Acute gout (1)	1		
Psoriatic arthritis (1)		1	
Causalgia (1)		1	
Erythema nodosum (1)	1		
Scleroderma (2)			
Adiposa dolorosa (1)			
Total (97)	6	23	12

Note: Figures in parentheses total treated in each category.

In 71 patients with rheumatoid arthritis, improvement was excellent in 3, good in 14, and fair in 10. Ten of the 37 subjects with rheumatoid arthritis who stopped taking the drug had noted improvement. This response was not graded, however, because of the short duration of drug administration in most of these patients. Excellent results also were noted in one patient with erythema nodosum, one with acute gout, and one with both osteoarthritis and rheumatoid arthritis. If there were beneficial effects, they were almost always noted within the first 24 to 48 hours, usually after the first or second dose of indomethacin.

The 41 patients who responded favorably have been treated from 3 to 12 months. The dose has ranged from 100 mg. to 400 mg. dailiy, and for the most part the beneficial effect does not seem to be dose-related. Rarely have we noted greater improvement when the dose was increased in a patient who had not responded to a lower dose.

Indomethacin was evaluated in 17 patients, of whom 12 were started on the drug and 5 on placebo. After one week, the drug and placebo were exchanged without the patient's knowledge. Six of the 17 patients were clinically unaffected by either agent, although 2 stated that they were "benefited" at a time they were taking the placebo. Three of the 5 patients receiving placebo followed by drug benefited from the change. All 8 subjects who received the drug (with benefit) followed by placebo experienced severe exacerbations within 24 hours of the change. One patient had a severe exacerbation lasting 4 days, after which he was symptomatically the same as when taking indomethacin. Once again he was given the drug, but derived no further benefit. The experience in this case casts some doubt upon the validity of accepting an exacerbation which occurs after a drug has been discontinued or replaced by a placebo as proof of the drug's efficacy.

Six patients out of 8 had exacerbations of symptoms on a trial discontinuation of the drug. In most cases the exacerbation that followed substitution of the placebo for the drug exceeded in severity the clinical state prior to indomethacin treatment. In 5 of the 44 cases the indomethacin appeared to become less effective with the passing months. This, of course, may have been the result of altered activity of the disease.

Two patients were unable to take the medication during the day because of lightheadedness, but were able to sleep uninterrupted and had no morning gel when taking indomethacin before sleep only. Both had previously awakened frequently to "loosen up" and had considerable morning stiffness and pain. One patient with psoriasis and arthritis had a remission of the dermatitis coincident with that of the arthritis and an exacerbation of both when placebo was substituted. In most cases existing effusions did not change perceptibly. The erythrocytic sedimentation rate was unaltered despite clinical improvement.