

In the benign rheumatic diseases other than rheumatoid arthritis, the results are even more encouraging as indicated in Table 2, and the average effective maintenance dose was lower, being only 100 mg. or less in 72% of the cases. Out of 22 cases of spondylitis, there were only three treatment failures, and three such failures were also seen in 14 cases of chronic gouty polyarthritis. In the cases of osteoarthritis, the results were not quite so spectacular, with a good or excellent result in ten out of 15 cases. In the cases of fibrositis, the results were even less favorable, but still impressive with a good or excellent result in 55%. There was a high percentage of benefit in the miscellaneous group of disorders which comprised for the most part those cases with chronic polyarthritis of an indeterminate nature which would otherwise have qualified as "possible rheumatoid arthritis," according to the ARA classification. Also in this miscellaneous group and deserving of special mention are two cases of severe psoriatic arthritis (ie, cases having the clinical characteristics of rheumatoid arthritis and active psoriasis but with a negative latex titer) in which there was a dramatically beneficial effect on the arthritis, but no effect whatever on the psoriasis.

TABLE 2.—RESULTS IN 99 PATIENTS WITH MISCELLANEOUS RHEUMATIC CONDITIONS

Diagnosis	Number of patients	Results		
		Excellent	Good	Poor ¹
Rheumatoid spondylitis.....	22	15	4	3
Gouty arthritis.....	14	10	1	3
Fibrositis.....	29	12	4	13
Osteoarthritis.....	15	4	6	5
Miscellaneous.....	19	10	4	5
Total.....	99	51	19	29

¹ Equivocal or no benefit.

In eight patients, a repeat clinically distinctive trial of therapy was made and the result was the same in five cases, while in three, the results changed from poor to good.

The following case is an illustration of indomethacin effectiveness in a patient with nonrheumatoid arthritis.

CASE 2.—A 56-year-old white man developed a very severe, disabling polyarthritis five years previously. He was in continuous pain, unable to work and having extreme early-morning stiffness. He had been known to have gout, and serum uric acid determinations were quite high (10–12 mg/100 cc). As a result of treatment with salicylates, corticosteroids, colchicine, and phenylbutazone, there was considerable improvement in his arthritis but he was still left with occasional joint pain and tenderness and some early-morning stiffness. Indomethacin therapy was begun in January 1962 and gradually administration of all other antirheumatic drugs was discontinued (Fig. 3). In later months, relapse occurred apparently associated with failure of the uricosuric drug. A change in the uricosuric drug again brought the serum uric acid level to normal and remission was again achieved with administration of indomethacin alone. The patient is well with no indications of rheumatic disease, although relapses occur whenever he is given placebo. The total duration of indomethacin therapy was 42 months, and the patient has received no other medication except probenecid and then sulfinpyrazone (Anturane) for the past 38 months.