



treatment of rheumatoid arthritis during the thirty-day period, 65% prescribed analgesics and combinations, 54.8% adrenal steroid hormones and combinations, 53.1% indomethacin, 23.9% phenylbutazone, and less than 20% any of the other single categories.

Among the 1,606 internists, 8 out of 10 prescribed analgesics and combinations, 5 out of 10 indomethacin or adrenal steroid hormones, 2.5 out of 10 gold, and 2 out of 10 phenylbutazone or physical therapy. This is in sharp contrast to the 310 pediatricians, who relied primarily on analgesics and combinations (5 out of 10) but only infrequently prescribed indomethacin, phenylbutazone, or gold. It is of considerable interest that the surgeons, orthopedic surgeons, and physiatrists used adrenal steroids and indomethacin frequently (3 to 5 out of 10 physicians) but rarely used gold. The internists used gold therapy much more often than did any of the other specialists.

This analysis reveals major differences in treatment based on the type of practice, some of which are directly related to the nature of the specialty; explanations of other variations are less obvious.