BRUSSELS, *April 22, 1968.*

Q.—In the light of your extensive experience in the management of diseases for which Indomethacin is indicated, do you consider that the introduction of Indomethacin has contributed to the management of your patients?

A.—Yes—in osteoarthritis of the hip, in Bechterew's disease and in rheumatoid arthritis in association with gold therapy.

Q.—Do you find that Indomethacin enables you to obtain results in some of your patients that were difficult to obtain prior to its introduction?

A.—Yes—in osteoarthritis of the hip and Bechterew's disease because the toxicity of Indomethacin on long-term treatment is lower than the toxicity of other available drugs.

Q.—If so, can you define those areas in which the drug has been most helpful to you?

A.—Osteoarthritis of the hip and spondylitis rhizomelica.

Prof. Dr. L. J. Michotte.

BOMBAY, *April 22, 1968.*

I have been using indomethacin in the form of capsules as well as suppositories since the last five years. In my experience, indomethacin has proved to be a valuable drug for treating rheumatoid arthritis and allied disorders. A number of my patients who had not responded to salicylates, phenylbutazone or oxyphenbutazone were maintained satisfactorily on indomethacin. I have studied the drug's steroid-sparing properties carefully and am convinced that the dosage of corticosteroids can be gradually reduced in a large percentage of cases. I have also tried the drug for prolonged periods in Still's disease where it works most satisfactorily and has excellent tolerance. Indomethacin suppositories have been used in my department in 16 patients for almost two years continuously. Patients having gastrointestinal problems with capsules can be managed remarkably well on indomethacin suppositories.

M. M. DESAI, M.D.
M.R.C.P., F.C.P.S., Honorary Associate Professor of Medicine, Topiwala National Medical College and B.Y.L. Nair Hospital; Physician In-charge, Department of Rheumatic & Collagen Diseases, B.Y.L. Nair Hospital, Bombay.

RHEUMATISM RESEARCH UNIT,
CANADIAN RED CROSS MEMORIAL HOSPITAL,
Taplow, Maidenhead, Berks, April 22, 1968.

Dr. MAX TISHLER,
President, Merck, Sharpe Dohme Research Laboratories,
Rahway, N.J.

DEAR DR. TISHLER, Dr. Carl Pearson of Los Angeles has let me know that there are to be some Congressional hearings in relation to Indomethacin (Indocin). I regret that I shall not be able to come over, but instead he suggested that I might write you in general terms about our experience with this drug both here and at the Royal Postgraduate Medical School. We have not performed any controlled trials, so that what follows is the result of clinical observation.

I feel that this drug is useful in certain patients with rheumatoid arthritis and has about the same potency as aspirin. It is, however, more expensive and we therefore tend to use it when patients cannot tolerate aspirin and sometimes to wean them off steroid medication. This we have been able to do satisfactorily. It seems useful also in ankylosing spondylitis, and we have used it there in such cases who have developed intolerance to phenylbutazone. It appears to be of some value in osteoarthritis of the hip. I have not used it in gout.

We have used Indocin in over 30 children in the first two decades with chronic polyarthritis and it has seemed quite useful here, except perhaps in the youngest children, in whom it has induced vomiting. In general we have not had a great deal of trouble with side effects, apart from headache. We have had one case with perforation of the stomach and two with melaena. Two of our patients have had a rather odd reaction mentally which has ceased on stopping the drug.

Since, however, we have had no control series, it is difficult to evaluate these complications, since, as you well know, some such effects occur even on placebo. We think, however, that these were probably related to the drug.