I hope this is the information you require. Yours sincerely,

E. G. L. BYWATERS, F.R.C.P., (Professor of Rheumatology, University of London, Hon. Director, Medical Research Council Rheumatism Research Unit).

## [Telex received in New York from Milan]

APRIL 22, 1968

Dr. M. TISHLER, Rahway:

Prof. D. Gigante—Director of Rheumatological Institute of University of Rome—stated today—The introduction of Indomethacin has greatly contributed

to the management of patients with rheumatic disease.

Corticosteroids still remain the most effective drugs for the treatment of many rheumatic patients. However Indomethacin has enabled me to treat effective a large number of these patients because of its marked anti-inflammatory properties which are generally not accompanied by the occurrence of serious side effects.

Indomethacin has been most helpful in the treatment of the following diseases—gout, degenerative disease of the hip and Ankylosing Spondilitis. It has been also very effective in a great number of patients with rheumatoid arthritis.

Copy of above statement signed by Gigante will be airmailed.

## [Message received in New York from Milan]

APRIL 23, 1968.

Dr. MAX TISHLER, Rahway:

Following statement by Prof. C. B. Ballabio, Director of Rheumatological Institute of the University of Milan-"Without doubt the introduction of Indomethacin has contributed to the management of my rheumatic patients. In degenerative disease of the hip Indomethacin gives excellent results which were not possible to obtain with any other medication.

The rheumatic diseases which in my experience can be treated most effectively with Indomethacin alone or sometimes in association with other medications are ankylosing sponylitis and gout. Indomethacin is of some help in the treatment of some rheumatoid arthritis patients especially males.'

Copy of above statement signed by Ballabio will be airmailed.

[Telex received from Hoddesdon in New York]

APRIL 23, 1968.

Dr. M. TISHLER, Rahwau:

Indomethacin contributes to the management of rheumatoid arthritis. It enables some patients to be controlled who have not previously been controlled. Watson Buchanan Head of the Centre of Rheumatuc Diseases, Glasgow.

Regards.

HODGKINSON.

BUENOS AIRES.

Tishler Dr. Romanowicz report head of Rheumatology Rheumatic Disease second, yes, third, rheumatoid arthritis arthrosis gout ankylosing spondylitis unspecific arthritis.

MASANTI.

CAPE TOWN, April 23, 1968.

Question: 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? Answer: Yes.