Question: Do you find that Indomethacin enables you to obtain results in some of your patients, that were difficult to obtain prior to its introduction?

Answer: Definitely yes.

Question: If so, can you define those areas in which the drug has been most helpful to you?

Answer: Resistant cases of rheumatoid and osteoarthritis gout.

Dr. R. A. ASHERSON.

STATEMENT ON INDOMETHACIN BY DR. SELWYN NELSON

This statement is made on the understanding that no use is made of it which is likely to be unethical or embarrassing to the writer.

Indomethacin is a valuable addition to the range of preparations available

for the treatment of rheumatic diseases.

All drugs used in the long term management of rheumatic diseases are likely to cause unwanted effects in some patients and Indomethacin is no exception. Most if not all of the toxic effects of Indomethacin are rapidly reversible and also are obvious to the patient.

In the choice of treatment of rheumatic diseases the clinician takes into account the properties of the drug and his experience of its effectiveness in various conditions, its toxicity and the incidence and reversibility of possible unwanted effects. He also takes into account the contra-indications having regard for the expected effect of the drug on a patient suffering from other dis-

orders related or unrelated to the primary condition being treated.

The approach to the prescribing of Indomethacin can be based on a positive or negative assessment of the patient's needs. Experience with Indomethacin has demonstrated its very great effectiveness in gout, rheumatoid arthritis, osteoarthritis and ankylosing spondylitis. It is also very useful in certain miscellaneous non-specific painful disorders of the musculo-skeletal system e.g. Bursitis, "fibrositis" etc. This might be termed the positive approach.

As Indomethacin has a different chemical composition from other non-steroidal anti-inflammatory drugs it can be used where other preparations have

been tried and found wanting.

Indomethacin can be used in preference to other anti-inflammatory drugs where there has been a previous toxic effect on the bone marrow caused by another preparation. It is also valuable in the presence of reduced cardiac reserve as it does not cause retention of salt and fluid.

[Translation]

Dr. Pedro M. Catoggio, Director of the National Institute of Rheumatology, National Institute of Rheumatology, Martinez de Hoz y Marconi—Ramos Mejía, Pcia. Bs. As., Rep. Argentina:

(1) 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?

(2) Question: Do you find that indomethacin enables you to obtain results in some of your patients that were difficult to obtain prior to its introduction?

Answer: Yes

(3) Question: If so, can you explain those areas in which the drug has been

most helpful to you?

Answer: Rheumatoid arthritis, acute inflammatory exacerbations in arthrosis, periarthritis, and in acute gout and rheumatoid spondylitis I have little ex-

Comments: (1) In the last few months we have used suppositories more frequently, (2) We often made the association with ASA, corticosteroids or antimalaric drugs (in R.A.)

[Translation]

Dr. Raul Houssay, Rheumatologist of the Department of Rheumatology, Ward 20, Rivadavia Hospital, Sanchez de Bustamante 2560, Buenos Aires, Rep. Argen-