(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?

Answer: Indomethacin contributes to the management of rheumatic patients for its analgesic action and when the effective dose is well tolerated.

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

Answer: Indomethacin enables me to obtain good results in some patients in which the necessary doses of other drugs for the obtention of satisfactory analgesic and anti-inflammatory effects are not tolerated.

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

Answer: (a) Osteoarthritis. Arthosis of the hip, (b) Rheumatoid spondylitis, (c) Nonarticular rheumatisms (painful shoulder, bursitis, fibrositis, etc.), (d) Rheumatoid arthritis: Indomethacin is effective in some patients with R.A., especially if it is administered in combination with other medications. Indomethacin is useful for the treatment of morning stiffness.

[Translation]

Dr. Osvaldo Hübscher, Rheumatologist of the Department of Rheumatology, Ward 20, Rivadavia Hospital, Sánchez de Bustamante 2560, Buenos Aires, 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 tto the management of your patients?

Answer: Yes; in some patients. Indomethacin has analgesic and anti-inflammatory action. It can be administered for a long time without important danger.

(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. In some patients the addition of indomethacin to the previous treatment or its substitution, enables the physician to obtain a better management of the patients. In other patients indomethacin has no action.

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

Answer: (a) In rheumatoid arthritis: generally associated to other drugs. Without doubt it has a steroid sparing effect. The use of suppositories at bedtime improves the morning stiffness of the patients, (b) In osteoarthritis with inflammatory signs, (c) In rheumatoid spondilitis, (d) Lower action in fibrositis, tendinitis and other unspecified conditions, (e) No experience in acute gout.

[Translation]

Dr. Armando Maccagno, Head of Clinics, Rheumatic Diseases Center, Ward 14, Rawson Hospital. Buenos Aires. Republica 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?

Answer: Yes

(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, Rheumatic spondilitis, Intermittent hydrarthrosis.*

Arthrosis: Only in the first and second period. In period 3 I prefer surgical treatment.

In *gout* I have not much experience; in these patients I prefer phenilbutazone because it has uricosuric effect. Only when phenilbutazone is ineffective I use Indomethacin.