placebo substitution is immediately noticed by the majority of patients. Sudden discontinuance also is not without danger because of the possibility of producing a marked degree of adrenal insufficiency. This hypoadrenal state can become an acute and serious medical emergency. Also random selection introduces a number of patients who may be unreliable and are not suitable for testing. Thus, it is almost impossible to carry out such a program without both influencing patients and introducing added difficulties.

For these reasons patients were carefully screened to include only those with well-established rheumatoid arthritis of over one year's duration and to exclude hyperreactors, unreliable patients, and hypersensitive ones.

OCHSNER CLINIC,
New Orleans, La., April 23, 1968.

Dr. MAX TISHLER,
Merck Research Laboratory,
Merck & Co. Corp.,
Rahway, N.J.

DEAR DR. TISHLER: Recently it has come to my attention that a Congressional body was considering a recommendation that Indocin be removed from the open market and reclassified so that additional double blind studies could be carried out in attempting to establish its role in the treatment of arthritis.

I had the opportunity to prescribe Indocin in the earlier days when it was available in tablet form, and, of course, was not impressed by the results that we obtained. When the new physical changes were made, and it was furnished in capsule form, I gained the impression that it offered symptomatic relief and in some cases favorable objective changes in a significant number of arthritic patients.

At least 95% of my practice deals with arthritic patients; I have had occasion to prescribe for these sufferers for many years and have now placed Indocin as a valuable drug adjunct in the therapeutic armamentarium.

Patients whom I see comprise a group that I have had an occasion to watch for many years and, as I have maintained in the past, it is only after observing arthritic patients over a minimum of a three year span am I able to gain some insight into what pattern the disease may follow. Realizing this, I appreciate that drug response varies from patient to patient.

My personal conclusions are that Indocin is of definite symptomatic benefit in a large group of patients with arthritis. Gouty patients obtained significant releif from their acute gouty pan when Indocin is administered and the chronic gouty arthritic who is unable to take aspirin medication or Butazolidin will frequently be very thankful because Indocin relieves them of their chronic, nagging joint aches. They can continue to take Indocin without it interfering with uricosuric drugs or where geographcial location makes it unable to obtain blood counts that must be used to guide treatment with Butazolidin. This also is an economic factor when repeated lab studies must be carried out in patients who are given an agent such as Butazolidin.

Ankylosing spondylitis and osteoarthritis of the spine frequently cause patients a considerable amount of pain and incapacitation and Indocin has proven very helpful for these patients, and it is my opinion that it has kept many of these people on the job or in school.

Other types of non-specific rheumatism, such as bursitis, tendinitis, and giant cell arteritis, also seem to respond symptomatically and the patients are thankful for having such an agent available.

In rheumatoid arthritis the drug gives a certain number of patients a significant amount of subjective relief, allowing them to carry out the arthritis exercises and other basic parts of their treatment. Here, too, I feel that the comfort obtained allows them to carry on with their daily obligations and lead a more normal life. It seems to offer an adjunct to aspirin medication, which is our best antirheumatic drug, and does not seem to interfere with other agents, such as gold salts. It also has allowed me to reduce the quantity of adrenal steroids that some patients seem to require to remain functional. I have watched patients use Indocin long enough that occasionally they are under the impression that the drug is no longer giving them any beneficial effect and they discontinue its use on their own, or request permission to discontinue it, and more often than not they find that resuming the drug does give them an added benefit. I find that the symptomatic response to Indocin is often unpredictable for the rheumatoid arthritic patient.