

October 1-3, 1964 (Princeton, New Jersey): Conference on Gout and Purine Metabolism. Sponsored by the American Rheumatism Association, the National Institutes of Arthritis and Metabolic Diseases, and the Arthritis Foundation. Participant in clinical discussions.

June 17-18, 1965 (Philadelphia, Pa.): Annual meeting of the American Rheumatism Association. Delivered paper on "Prognosis in Juvenile Rheumatoid Arthritis."

December 5-11, 1965 (Mar Del Plata, Argentina): XIth International Congress of Rheumatology. Delivered paper on "Patterns of Onset and Course of Juvenile Rheumatoid Arthritis." Arthritis Foundation Travel Grant.

June 6-10, 1966 (New York, N.Y.): Second International Symposium on Population Studies of the Rheumatic Diseases. Sponsored by NIH and the Arthritis Foundation. Secretary of the Council on Diagnostic Criteria for Juvenile Rheumatoid Arthritis. Member of Committee on Diagnostic Criteria for Ankylosing Spondylitis.

June 13-14, 1966 (New York, N.Y.): International Conference on Chronic Administration of Salicylates. Sponsored by NIH and the Arthritis Foundation. Delivered paper on "Role of Salicylates in Juvenile Rheumatoid Arthritis."

June 16-17, 1966 (New York, N.Y.): Annual Meeting of the American Rheumatism Association. Delivered paper on "Idiopathic Hypertrophic Osteoarthropathy (Pachydermoperiostosis): Onset Before Puberty."

December 2-3, 1966 (Cincinnati, Ohio): 12th Interim Scientific Session of the American Rheumatism Association. Delivered paper on "The Rash Associated With Juvenile Rheumatoid Arthritis."

June 15-16, 1967 (New York, N.Y.): Annual Meeting of the American Rheumatism Association. Co-author of paper entitled "Rheumatoid Factor in Ankylosing Spondylitis." Chairman of one concurrent session.

Oct. 22-26, 1967 (Mexico City, Mexico): IV Pan-American Congress of Rheumatology. Delivered two papers, one on "Indomethacin in Ankylosing Spondylitis," the other on "Prognosis in Ankylosing Spondylitis." Chairman of session on juvenile rheumatoid arthritis and Reiter's syndrome.

November 13-20, 1967 (Rome, Italy): International Clinical Symposium, sponsored by Rome University in cooperation with the National Academy of Clinicians. Delivered several talks entitled "Situations in Rheumatology."

Dr. CALABRO. In my two-page letter dated April 23, I have summarized my experience and knowledge of the drug indomethacin and its role in patients with various rheumatic diseases.

My first comment pertains to recent reports of double-blind studies of indomethacin in rheumatoid arthritis. Conclusion of such studies have led to some controversy concerning the efficacy of this drug as an antirheumatic agent in patients with rheumatoid diseases. It is my opinion that, while double-blind studies are obviously useful in evaluating new agents, they are also extremely difficult to interpret, particularly in such a capricious disease—I am sure this has been stressed throughout the hearings—as rheumatoid arthritis. To this point, I might add—and I do not think this has been stressed—that there are few, if any, double-blind trials with other antirheumatic agents in rheumatic arthritis that are entirely satisfactory. These would include adrenocorticosteroids, gold compounds, antimalarials, phenylbutazone, and the well-known salicylates—drugs that are generally accepted in the care of rheumatoid patients.

Even controlled crossover techniques of drug testing can be faulty. In that regard, I would like to point to a publication that appeared in the Canadian Medical Association Journal on June 3, 1967. This is an article by a rheumatologist, T. D. Kinsella, and coworkers, MacKenzie, Kim, and Johnson. The title of this article, and I will submit this for the record, from the Journal of the Canadian Medical Association, is "Evaluation of Indomethacin by a Controlled, Crossover Technique in 30 Patients with Ankylosing Spondylitis."

(The document referred to follows:)