would not be evident when such patients are included in a general drug trial. To my knowledge, this hypothesis has not been tested.

The result of our long-term evaluation of indomethacin in ankylosing spondylitis (AS), a form of rheumatoid disease affecting young men, has recently appeared in the journal Arthritis and Rheumatism (11,56, 1968).

In this trial of indomathacin averaging 33 months in 28 AS patients who received an average daily dosage of 100 mg., the response to the drug was good in 21 patients, fair in 5 and poor in 2. Of the 28 patients, 21 improved to ARA functional class I. Before the use of indomethacin, only one of the 28 was so rated. Joint symptoms followed temporary withdrawal of the drug in all but four of the 28 patients. These symptoms were promptly relieved when indomethacin was again taken by the patients.

Clearly, our report parallels the experience of others, such as Bilka, Hart, Kass, Pohl, Rothermich and De Seze, that indomethacin is an essentially safe and effective drug in suppressing the articular manifestations of AS.

That indomethacin has antirheumatic effects in disorders other than AS is also apparent, as judged by numerious reports of its usefulness in the management of the majority of patients with gout and osteoarthritis of the hip.

I sincerely hope, despite the current controversy and confusion, that investigative pursuits of indomethacin will continue. Only then can we more fully understand the role of this extremely useful and valuable antirheumatic agent.

Best wishes.

Very truly yours,

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INDOMETHACIN IN ANKYLOSING SPONDYLITIS

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Among the more promising newer drugs used in the treatment of rheumatic diseases, indomethacin occupies an important place. This nonsteroidal, anti-inflammatory indole compound became available for clinical trials in November, 1961. Studies since then have variously evaluated its potential effectiveness in rheumatoid arthritis,[1-9] Reiter's disease,[1-3] psoriatic arthritis,[1-3-6] anklyosing spondylitis, 1[5-10-12] gout,[1-3-8-4] rheumatic fever[15] and degenerative joint disease.[1-4-6-16]

A number of studies[1-4] have pointed out that the best results with indomethacin were obtained with low dosages, and that even then, the incidence of side effects, such as dizziness, headaches and gastroentestinal disturbance, was unfortunately high Rothermich[1-17] has recently shown that even using dosages as low as 25 mg. daily, the physician must be on guard for the occasional patient who may develop gastric upset or even ulceration, or the unusual patient who is highly susceptible to cerebral side effects.

It is well established now that with indomethacin, as with all antirheumatic drugs, dose-related side effects may appear either early in treatment or when the drug is taken over a long period of time.[3-17]

While our early experience with the drug yielded extremely variable results in peripheral rheumatoid arthritis, far more predictable and satisfactory disease suppression was noted in ankylosing spondylitis (AS). Since then, and after reporting some preliminary results,[18] we have maintained 28 AS patients on indo-

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NOTE.—Numbered footnotes at end of article, p. 3424.