important, Indocin is designed to relieve symptoms of chronic disorders—illnesses that come and go or come and stay for years on end.

The company has been under standably reluctant to sound the trumpets about Indocin until it had at least a year's experience with the drug on the prescription market. Now, with patients receiving lasting benefit from Indocin, Merck feels it can begin to bring some aspects of the story of the drug to the public. The drug is proving itself to even the most conservative physicians and laboratory scientists.

Of course, each day the line of grateful Indocin patients becomes longer and longer. The drug does not have to prove itself to these people. It already has been a "lifesaver" to thousands.

There is, for example, the 62-year-old New York City carpenter who could not work for nine years. His hands were so crippled by arthritis that he could not hold his tools. After five weeks on Indocin his hands improved markedly.

"I can hold a hammer again, and what's more, I can drive a nail—pretty straight, too," he says.

Within a few months this man expects to be back at work. Indocin will have returned him to a reasonable level of personal dignity—not to mention to a reasonable level of income.

But perhaps the most extraordinary Indocin success story of all involves a 68-year-old Connecticut woman who has been a virtual invalid for the past eight years. Her arthritis was so bad that years ago she gave up going to the corner grocer for the absolute kitchen necessities.

"After I began to take Indocin," she relates, "I noticed that I felt better. It was only a couple of days or so that I'd been taking the drug, but I began to feel better. After a few weeks I felt that I could actually take a little walk—perhaps down to the front of the house and back."

Last week she walked about 60 yards to the corner grocer. When she left, still somewhat unsure of herself, though not in great pain, she was sobbing just a little bit. But it was a joyous cry.

Dr. McCLEERY. The story, written by two science writers, in the July issue featured Indocin by name in the title of the article, and said it was useful for "bursitis," "trick knee," "tennis elbow," and "a host of other less common disorders characterized by pain and swelling in and around the joints." The support for these claims was largely lay testimonials some of which, according to the article and the firm, were made available to the writers by the sponsor of the drug.

Mr. Fletcher said that the firm was in no way responsibile for the article, that the authors had heard of stories about the drug from a variety of sources and wanted to do an article about it, and that the firm had simply responded to this inquiry from responsible science writers. Mr. Fletcher said the article was in no way promotional and wanted to so assure the agency.

The drug, of course, had not been approved for use for the above-mentioned conditions for which it was claimed to be effective in the Pageant article. We knew also that a popular article of this sort is apt to create a demand for the drug by the patients who read it.

Senator NELSON. As I understand from your testimony at the top of page 2, this article for Pageant magazine was submitted to the FDA prior to publication?

Dr. McCLEERY. Yes, sir.

Senator NELSON. So there wouldn't be any question about what was in the article, and FDA could, at least, express their disagreement with claims made for the drug to Pageant magazine if they desired.

Dr. McCLEERY. That is right. I believe that the time interval from the submission of the letter, which was to Mr. Cron—that at that time we would have to assume that the article was already in press, although not yet mailed in the July issue. And again, it was, without any question in our minds, an article actually written by the authors