severe, advanced crippling of the arthritic that we used to see 20 years ago, I think this is eloquent testimony itself that our therapies are effective in at least partially influencing the course of the disease. We have patients under our care whose disease we regard as static, but whenever we attempt to reduce or withdraw certain therapies, the disease process flares up and accelerates intensively. No single therapy benefits every patient with rheumatoid arthritis, not even aspirin, and, yes, not even corticosteroids. Certainly it has never been suggested, hinted, or implied that indomethacin benefits every case of rheumatoid arthritis.

Senator NELSON. Are there any statistics as to longevity of rheumatoid arthritics now vis-a-vis 20 years ago?

Dr. ROTHERMICH. I do not believe so. I think that this is a very difficult thing, because of its long term nature.

Senator NELSON. No statistics?

Dr. ROTHERMICH. Yes, it is very difficult, because patients with rheumatoid arthritis do tend to live an awfully long time; in fact, you might say in some cases too long because of their prolonged suffering. But—to compare longevity—I do not think this has been done.

Finally, the members of this subcommittee should know that eminent, highly competent, and highly respected rheumatologists from all over the world have reported favorably on their results with indomethacin in rheumatoid arthritis and have indicated the important adjunctive place of this drug in its overall management. Numerous congresses on rheumatic diseases have been conducted in various parts of the world, and these eminent rheumatologists (who are held in highest esteem and often closely affiliated with the American Rheumatism Association) in paper after paper have reported favorable results in what they consider to be controlled trials of the drug for extended periods of time.

Most rheumatologists would be dismayed (and large numbers of patients with rheumatoid arthritis would be bitterly disappointed) if they were to be deprived of the clinical and therapeutic benefits of indomethacin on the basis of a few brief-trial negative reports.

I wish to thank you, Senator Nelson, and all of the members of the subcommittee for the opportunity of presenting this statement and having it included in the hearing records.

If I can be of any further assistance or service to the subcommittee, I shall be glad to cooperate as fully as possible.

Senator NELSON. Doctor, we were very pleased to have you come to present your informed viewpoint based upon your long experience.

Mr. GORDON. Dr. Rothermich, I have several letters here written by you to the Merck Co. which were secured from the files of the Food and Drug Administration. I would like to read one of them. This is from you to Merck Co. It says:

> Few improvements were noted in the peripheral arthritis group at dosage levels of 150 mg daily. Most of the peripheral arthritics are now being carried on a daily dose of 300 mg daily, but a significant number were benefited to a striking degree to 200 mg daily. The greatest deterrent to increasing dosage to an effective level is the appearance of cerebral toxicity. This manifests itself clinically in excruciatingly severe headaches, dizziness, lightheadedness, disturbances of sensorium, a feeling that the head is floating away or even separating from the body, feeling of detachment from reality. The higher the dose, the more severe the symptoms.