

LOVELACE CLINIC,
Albuquerque, N. Mex., April 19, 1968.

Dr. MAX TISHLER,

Merck Research Laboratories, Merck & Co., Inc., Rahway, N.J.

DEAR DR. TISHLER: I understand that there are to be hearings very soon in Washington regarding the efficacy of certain drugs which have been marketed in recent years. Among these I understand that Indocin is one to be considered. I should like to state that I have used Indocin since it first became available, even before it was marketed and that in selected instances I feel that this is a very notably effective and safe drug. I feel that its indiscriminate use, just as the indiscriminate use of any medication without adequate reason, is unwarranted. However, in my opinion, it is the drug of choice in such cases as rheumatoid spondylitis and degenerative arthritis involving the spine and hips especially. Its use in gout is according to literature, very definitely an appropriate measure and with less drastic effects than some of the other medications that are available for treatment for this acutely painful process. My own experience is no extensive enough with this particular problem to warrant comment.

I feel that much of the "poor publicity" which has surrounded Indocin is a result of its indiscriminate use in many instances where it has not been warranted. In my own experience, it is not nearly as effective in peripheral rheumatoid arthritis as it is in the other instances mentioned above. So far as its toxicity is concerned, I feel that the serious problem has to do with gastrointestinal irritability, the symptoms of which are quite readily apparent and if both doctor and patient are aware of this problem, serious trouble can be easily avoided. I have not yet run into any other significant toxic reactions to this drug that would indicate any serious effects on health.

I feel that from the standpoint of all available information in the literature that merits consideration there is adequate information regarding this drug, that further investigational procedures would be a waste of time and a waste of money and would deprive certain patients from the use of a drug that has very definite value to them.

Very truly yours,

C. M. KEMPER, M.D.

RICHARD W. PAYNE, M.D.
Oklahoma City, Okla., April 20, 1968.

DEAR DR. TISHLER: I hear that there is some movement afoot to curtail the use of Indocin. If this news is correct, I would like to put myself on record as finding Indocin indispensable in my practice of rheumatology. The agent has a relatively low order of serious side effects and is of undoubted value in the practical long-term management of many patients with various types of arthritis.

While there are double-blind studies which question the efficacy of Indocin—I am equally prone to question the validity of such studies that I have seen, including my own.

After 6 yrs. experience with Indocin I have no doubt that it is a valuable therapeutic agent in a group of diseases notoriously difficult to treat. That we don't know exactly how it produces its beneficial effects is no fault of the drug.

MEMORIAL HOSPITAL,
Charleston, W. Va., April 20, 1968.

MAX TISHLER, Ph. D.,

Merck Research Laboratory, Merck & Co., Inc., Rahway, N.J.

DEAR DR. TISHLER: It is my understanding that you and your associates will be appearing before a Congressional Hearing very shortly to engage in dialogue and data gathering regarding indomethacin and its clinical benefits in the treatment of particularly rheumatoid arthritis, as well as the double blind method of drug evaluation. I thought that you might, therefore, be interested in some of my personal conclusions regarding these two issues based upon my experience with double blind study using Indocin and placebo, as well as experience with indomethacin prescribed to rheumatoid arthritis patients these past three years.

Regarding the double blind method in evaluating drugs for rheumatoid arthritis, I think there is universal agreement that this is still not the answer to evaluation of drugs for this disease, but it is the best we have available at this time. In the first place, rheumatoid arthritis is so variable from day-to-day, week-to-week, and month-to-month that any change short of virtual remission of the disease must be submitted to the mathematical probability wherein the results