which proves beneficial in one patient may not in another. If one medication proved effective in all patients, there would be no need for the long list of available medications. If one method of approach does not prove effective, another should be pursued.

Aspirin or some other salicylate preparation should be given initially in essentially all cases of rheumatoid arthritis. If after several weeks no clinical improvement is experienced, another agent should be added. We frequently use Indocin as the second agent and will continue to use it in this capacity. Also, we have found the drug to be helpful in selected cases of osteoarthritis, acute gouty arthritis, and ankylosing spondylitis.

Sincerely,

DUNCAN S. OWEN, Jr., M.D.,
Assistant Professor of Medicine, Division of Connective Tissue Disease.

MEDICAL COLLEGE OF VIRGINIA,
Richmond, Va., April 22, 1968.

Dr. MAX TISHLER,
Merck Research Laboratories,
Merck & Co., Inc.,
Rahway, N.J.

DEAR DR. TISHLER: It has come to my attention that there will be a Congressional Hearing regarding the efficacy of Indomethacin (Indocin) in the treatment of rheumatoid arthritis and related rheumatic disorders. My personal feeling about this drug is that it has a definite place in the treatment of rheumatoid arthritis and in certain cases has a very beneficial result. There have been certain side effects which prohibit its use, but none have been of a serious nature in my experience.

Many investigators state that "double blind" and "double blind crossover" studies are the only ways to properly evaluate the effect of a drug. It is my feeling this does not always hold true in the case of rheumatoid arthritis. Patients with rheumatoid arthritis will vary as to their physical abilities throughout the period of day's time and the natural history of rheumatoid arthritis with remissions and exacerbations are two factors which make the double blind study difficult to evaluate in this disease. If there were a more realistic method of evaluating efficacy or lack of same in the rheumatic diseases, this would be most helpful.

Yours sincerely,

ROBERT IRBY, M.D.,
Associate Professor of Medicine,
Medical College of Virginia, Richmond, Va.

HOLBROOK-HILL MEDICAL GROUP,
Tucson, Ariz., April 22, 1968.

MAX TISHLER, Ph. D.,
Merck Research Laboratory,
Merck & Co., Inc.,
Rahway, N.J.

DEAR DR. TISHLER: Dr. Richard Smith telephoned me this morning asking me to write to you regarding my impressions about Indocin and my thoughts about double blind studies for evaluation of agents for treatment of rheumatoid arthritis.

First, in regard to Indocin, our group did conduct a clinical trial to study efficacy and toxicity before Indocin was marketed. These studies were limited prmarily to rheumatoid arthritis and unfortunately, did not show consistent results. There were a few patients who felt that Indocin gave them much more relief than other analgesics or anti-inflamatory compounds but we did not feel that the drug altered the course of the disease. We continue to use Indocin in a limited number of patients where they feel it has been of help to them. Unfortunately, a number of our patients were unable to tolerate the drug.

In regards to double blind studies with rheumatoid arthritis, it has been most difficult in our experience, to get a true assesment as to its efficacy. This is probably due to the fact that we have such a wide variation, not only in disease activity and extent, but also in patient variability in age, personality, motivation,