

some arthritics and will appear to be an excellent drug in others. We are very conscious of this as we try to separate these two groups and select the severe ones as candidates for prophylactic surgery (synovectomy, etc.).

In conclusion, our group at Iowa feel that we could not treat rheumatoid arthritics adequately without indomethacin.

Sincerely yours,

W. D. PAUL, M.D.

PAUL YOUNG, M.D.,
Asheville, N.C., April 22, 1968.

DR. MAX TISHLER,
Merck Research Laboratory,
Rahway, N.J.

DEAR DR. TISHLER, I have been in the full time practice of rheumatology as a private practitioner since 1958. I believe that I am one of the very few physicians in the country who is in this position of making a full time professional activity out of the treatment of arthritis. Over half of my practice consists of patients with rheumatoid arthritis and I am treating approximately 300 such patients all the time for the last five to ten years.

I have been actively engaged in the evaluation of new drugs for the treatment of arthritis and was doing this in practically all of my patients in the period of 1960 to 1963. I discontinued these endeavors in 1963 because of the enormous amount of paper work which was generated by the law which was passed in 1962 where you had to prove that you were taking the same precautions we had been taking all the time. During the period of 1960 to 1963 I was engaged in the evaluation of 18 different drugs in the treatment of arthritis on some 3000 patient/drug combinations.

I have been quite familiar with the work of the committee on cooperative clinics of the A.R.A. since 1960. It was at my suggestion that the CCC engaged in the study of variability in rheumatoid arthritis in about 1963. I am personally acquainted with well over half of the physicians involved in the CCC studies and I am quite familiar with their drawbacks and limitations.

I am not particularly enthusiastic about the use of Indocin in rheumatoid arthritis because I feel that this has only analgesic and anti-inflammatory effect and prefer to use compounds such as gold and the anti-malarials for the long term treatment of this disease. However it is beyond any reasonable doubt that Indocin does give effective relief of the symptoms of rheumatoid arthritis and in some patients this is the most effective remedy of its type on the market. Probably aspirin would do just as good a job if patients could take 30 aspirin a day, but in my experience most patients cannot take 12 aspirin a day on a regular basis whereas many can take Indocin. It is ridiculous to argue that Indocin is no better than aspirin when many patients cannot take aspirin.

With respect to the recent questions that have been raised by the CCC trials of Indocin, I would like to say that under the circumstances of these trials the types of patients used would not very well demonstrate the effect of Indocin. Due to the nature of the disease, rheumatoid arthritis, Indocin is most effective in patients who have not developed joint deformities and secondary complications of the disease due to anatomical damage. If this study had been confined to patients without deformity and with most of their symptoms being due to the pure inflammatory effects of arthritis there would be in my mind, absolutely no question but that Indocin would have been shown to be an extremely effective drug for relief of inflammatory symptoms due to rheumatoid arthritis.

For physicians who are thoroughly and professionally acquainted with the nature of rheumatoid arthritis it is not necessary to do the "double blind" studies in order to tell whether a drug is effective or not. It certainly is necessary to do this type of study in order to tell whether one drug is more effective than another drug in a *similar* type of patient.

In conclusion, I would like to state that the recent questioning of the value of Indocin in rheumatoid arthritis merely illustrates the ignorance of the people asking the question and the lack of familiarity with the nature of the disease, rheumatoid arthritis, and the proper precautions to be evaluated in judging therapeutic efficacy.