sufficient number of patients are studied, satisfactory answers should result from such studies. The difficulty in evaluating a drug for the treatment of rheumatoid arthritis arises because of the many patients who will improve with placebo therapy. Also, objective manifestations of improvement are frequently very difficult to measure with any degree of accuracy in rheumatoid arthritis. If there is doubt about indocin in the treatment of rheumatoid arthritis, I believe that double blind studies should give the most reliable information in its efficacy.

Sincerely yours,

JACK ZUCKNER, M.D.,
Associate Clinical Professor,
Director, Section of Arthritis.

PITTSBURGH, PA., *April 22, 1968.*

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

DEAR DR. TISHLER: This is in reply to an inquiry from Dr. Richard Smith concerning our findings and results in the clinical therapeutic use of Indomethacin (Indocin).

Although we have not employed double-blind controls, our extensive experience in the management of patients with rheumatic disease has indicated to us over the years that through close clinical observation of our patients under treatment we have generally arrived at conclusions concerning clinical effectiveness of therapeutic agents which closely approximated those reported in controlled therapeutic trials.

Our own experience over an extended period of time has indicated a significant degree of effectiveness of Indocin as an anti-inflammatory agent in a considerable proportion of patients with rheumatoid spondylitis, gouty arthritis, osteoarthritis of the hip, and some patients with rheumatoid arthritis.

The incidence and character of side effects have likewise corresponded with those described in the literature.

In conclusion, we feel that Indocin in appropriate clinical situations offers a useful addition to our therapeutic armamentarium.

Sincerely yours,

H. M. MARGOLIS, M. D.
JAMES H. BARR, Jr., M. D.
BERTRAND L. STOLZER, M. D.
CARL H. EISENBEIS, JR., M. D.
BURTON H. POLLOCK, M. D.

UNIVERSITY OF MIAMI,
Miami, Fla., April 22, 1968.

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

DEAR DR. TISHLER: I understand that your company is under investigation by the Subcommittee on Monopoly, chaired by Senator Nelson, in reference to the drug, Indocin.

In our University Clinic we use Indocin, quite effectively, for pain relief in the milder cases of rheumatoid arthritis. Certain patients, particularly males, have better response to Indocin with less side effects than when given large doses of aspirin or mild narcotics. Business men are able to get pain relief without drowsiness. We use Indocin for lowering the dosage of Prednisone. Thus, I think, Indocin is a useful adjunct in the treatment of various arthritics.

Sincerely yours,

DAVID S. HOWELL, M.D.,
Professor of Medicine,
Director, Arthritis Division.