

My experience with this medication began with investigational studies starting in 1961, before this drug was released.

Subsequently, Indomethacin (Indocin) has become a most valuable medication in the treatment of various forms of rheumatic diseases.

Approximately one-half of my patients are receiving Indocin.

Cordially yours,

HARRY E. THOMPSON, M.D.

COLUMBUS MEDICAL CENTER
RESEARCH FOUNDATION,
Columbus, Ohio, April 22, 1968.

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

DEAR DR. TISHLER: It is my understanding that you have been invited to appear before a Congressional hearing under the Honorable Gaylord Nelson to discuss the relative merits and clinical value of indomethacin, which is marketed under the brand name of Indocin. Since I originally introduced this drug to humans in November 1961, and have had as long and profound clinical experience with the drug as any physician in the world, I feel constrained to offer some comments.

It may be proper at this point to identify myself to you. As you may or may not know, I have been on the medical faculty of the Ohio State University for more than twenty-eight years and since 1960, have held the rank of Clinical Professor of Medicine. In addition, I am the Founder and Director of the Columbus Medical Research Foundation. I am also senior physician director of The Columbus Medical Center, which is a group-practice clinic of specialists in Diagnosis and Internal Medicine, with a heavy preponderance of rheumatic diseases. Three of the eight physicians (including myself) sub-specialize in the field of Rheumatology to the extent of having more than fifty percent of their practice devoted to that field. We have approximately five-hundred patients with rheumatoid arthritis on continuing active treatment and we regard Indocin as an important part of their overall drug-therapy program.

Not all patients with rheumatoid arthritis are benefited by Indocin, but the same can be said about all other antirheumatic drugs, even including cortisone-derivatives and aspirin. However, more than half of patients with rheumatoid arthritis receive decisive benefit from Indocin and are able to continue taking the drug without undue adverse effects; its record in this respect is superior to aspirin and second only to the benefits derived from cortisone-derivatives.

In over half of the patients who do benefit from Indocin the benefits are striking and decisive and the drug is regarded as indispensable to the patients continued well-being and disease-control. This variable, limited, and to some degree unpredictable response of Indocin in rheumatoid arthritis has led to opposite extremes of reaction in the minds of some physicians. Because it is not effective in considerably less than one hundred percent of the patients, some physicians call it a total failure, deny any value to it, and think it should be abandoned. Other physicians regard the striking benefits in some patients as proof that Indocin is a panacea and can be used to the exclusion of all other antirheumatic agents. Both of these extremes of viewpoint are ill-founded and unwarranted. The fact is that Indocin is an excellent adjunct in antirheumatic therapy and should be given a trial, beginning in low doses, in those patients with rheumatoid arthritis who have failed to respond to the so-called basic or conservative program of increased rest, physical therapy, salicylates and so forth.

Evaluation of drug efficacy in rheumatoid arthritis is a most difficult, profoundly complex and often unrewarding endeavor, best carried out by an experienced clinician-rheumatologist who has not only some acumen and scientific orientation, but also patience, understanding, empathy and a keen insight into the complexities of the rheumatoid personality, as well as the rheumatoid disease.

Unfortunately, there are no satisfactory criteria for evaluating rheumatoid disease activity with uniform and reliable consistency. The use of the "single-blind" placebo, by an experienced clinician, in a patient who has been on the drug under evaluation for some period is probably the most reliable method of approach to the problem and enables the clinician to evaluate the drug by