would produce no results since patients would be left for prolonged periods of time without medication, and if they were unfortunate enough to have the sugar placebo to continue in the study. In addition, there would be a discrepancy in the results between the possible carry over in the Indomethacin study which might have a greater effect with Indomethacin and a much less effect with the placebo. It would seem that an active medication would be indicated in the placebo capsules. We believe that aspirin answers this need.

With all of these considerations taken into account, I believe that a final evaluation with regard to Indomethacin efficacy should be postponed until all of the data from the studies that are now being carried out is collected. This will not only be more valuable with regard to Indomethacin, but will encourage further studies with Indomethacin analogues which are so important in the future.

Cordially,

JEROME ROTSTEIN, M.D.,
F.A.C.P., F.C.C.P., Head, Rheumatic Disease Unit.

LOUISVILLE, KY., *April 22, 1968.*

DR. MAX TISHLER,
Merck Research Laboratories,
Merck M. Co., Inc.,
Rahway, N.J.

DEAR DR. TISHLER, This is a letter attesting to the efficacy of Indocin in my practice of rheumatology in Louisville, Ky.

This drug has been extremely effective in all of my patients with anklylosing spondylitis. As you well know, this is a very debilitating disease, which affects young men in their prime, and can be ruinous economically if the disease is not checked. In every one of my patients with anklylosing spondylitis, the disease has been checked either partially or completely. All of them are fulfilling, at present, useful lives.

Indocin has further more been effective in selected cases of osteoarthritis. In gout, Indocin has been very effective with minimal side effects. In rheumatoid arthritis, the drug has not been as effective as I would like, and I utilize it very little in these individuals.

For any sort of blind study to be done in individuals afflicted with these crippling diseases, I would consider it inhumane as well as immoral to deny benefits to a selected group of patients.

It would be my feeling, at present, that Indocin is a very effective drug in the conditions named, and there should be no question in its' efficacy in those individuals not only in suppressing their disease, but keeping them useful, productive citizens in our society.

If there is any further information you may require please contact me.

Cordially,

FRANK W. LEHN, M.D.

BOMBAY, *April 22, 1968.*

We had previously published the results of our experience with Indomethacin in rheumatoid arthritis and still feel that this drug represents a definite advance in treating many rheumatic diseases. Our experience confirms it to be a potent anti-inflammatory, analgesic and antipyretic agent, without many of the severe side effects of corticosteroids and butazones. We have used Indomethacin successfully in many cases who had not responded satisfactorily to aspirin and butazones. In rheumatoid arthritis, there is no doubt that requirements of corticosteroids can be substantially reduced and in a significant percentage of cases, these can be eliminated gradually. Side effects such as headache, giddiness and gastrointestinal irritation have occurred in about 40% of patients but it is not always necessary to discontinue therapy. Such side effects can be managed in the usual manner. We have not come across any case of blood dyscrasia, liver or renal damage.

K. K. DATEY, M.D.,
F.R.C.P. Honorary Professor of Medicine, Seth G.S. Medical College and King Edward Memorial Hospital; and Director, Department of Cardiology, King Edward Memorial Hospital, Bombay.