

Side effects were common at the outset because the dosages recommended proved to be too large. Moreover side effects were for the most part unpleasant but were not danger signals. The possible exception in gastro-intestinal complications which are in the first place rare and in the second place it is difficult to establish a cause and effect relationship. More often than not such patients were receiving other anti-rheumatic preparations as well e.g. Salicylates.

Indomethacin has proved of value the treatment of Gout, Osteo-Arthritis and Rheumatoid Arthritis. In the last named it is especially useful as a steroid sparing agent.

T. J. DRY, M.D.

WIESBADEN, 26.4.1968.

Re Indomethacin.

Dr. MAX TISHLER,
Präsident der Merck Sharp u. Dohm
Vis. Laboratories Rahway, N.J.

DEAR DR. TISHLER: Since 1964, indomethacin has been tested clinically and prescribed regularly at the clinic for rheumatic diseases in the Kaiser-Friedrich Spa Wiesbaden. Indomethacin is indicated in rheumatic and related diseases. In antipyretic therapy indomethacin has proved to be a valuable drug for supplementing already established anti-inflammatory agents. Indomethacin was shown to be useful in certain cases and forms of rheumatoid arthritis, arthrosis deformans, Bechterew's disease (rheumatoid spondylitis) after the other, non-hormonal anti-inflammatory agents had failed. Our experiences are confined to rheumatic and related diseases. The drug, which has meanwhile become a frequently used standard preparation, was not given in other indications.

Very truly yours,

Dr. MIEHLKE, Chief-of-Staff.

BALTIMORE, MD., April 23, 1968.

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

DEAR DR. TISHLER: I understand that there are to be hearings on the drug Indocin before a senate subcommittee in the near future.

My letter is to let you know that I have found Indocin very helpful in a limited number of arthritics who have not responded to other medication, such as aspirin, Butazolidin and Tandearil. There are a small number of people with rheumatoid arthritis who do extremely well on Indocin, and if they respond, they respond to doses of 75 mg. a day or less.

Although there is a great deal of emphasis placed on so-called double-blind studies of antirheumatic drugs by the American Rheumatism Association and its Study Group, I have found that this type of study is not essential to determining whether a drug has a beneficial effect in a rheumatoid arthritic who has been under my care for a long time.

To quote Dr. Fuller Albright, under whom I had the privilege of working for one year in 1941-42 in Boston, one patient well studied is worth 100 patients poorly studied. My patients with rheumatoid arthritis are well studied and well followed and I can tell when they receive benefit from a drug.

I believe that Indocin is a valuable addition to our therapeutic armamentarium in managing patients with this disease. I have also found it of value in a few patients with ankylosing spondylitis who have failed to respond to Butazolidin.

Very sincerely,

HARRY F. KLINEFELTER, M.D.

BUFFALO, N.Y., April 23, 1968.

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

DEAR DR. TISHLER: In view of the impending Congressional hearing concerning the results of Indocin (Indomethacin) treatment of arthritis, I believe that the conclusions of "clinically" oriented rheumatologists and their numerous patients are just as important as the results of "double blind" studies which have been