The toxic effect of the agent is appreciated, but to date I do not recognize that it is any more irritating to the stomach than Butazolidin or aspirin and the other annoyances, such as headache, dizziness, etc., are transient and disappear once the drug has been reduced.

I am familiar with the published articles that question the value of Indocin, but I do not feel that double blind studies necessarily reflect the true value of a drug for stages of these diseases change, and only by watching patients for many years can we evaluate a drug response.

In my mind and those of my associates, this drug is of value for the arthritic patient and we would feel that it would do the patients an injustice to remove it from the market at this time, and in my own mind I question how long double blind studies would have to be carried out before they would be effective and meaningful. It seems that any double blind study would take at least ten years and the evidence against the drug does not validate such a move.

Yours truly,

THOMAS E. WEISS, M.D.

LOUISVILLE, KY., *April 23, 1968.*

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

DEAR DR. TISHLER: It has come to my attention that a congressional committee is investigating the drug Indocin (indomethacin).

I should like to state that there are many clincial indications for its use, certain situations where it is the drug of choice and that these comments are borne out by experience with a variety of disease entities.

Sincerely,

WILLIAM P. PEAK, M.D.

HENRY FORD HOSPITAL,
Detroit, Mich., April 23, 1968.

Dr. MAX TISHLER,
Merck Research Laboratories, Inc.,
Rahway, N.J.

DEAR DOCTOR TISHLER: I have learned the Nelson Committee is investigating the efficacy of Indocin. In view of these developments, I thought you might be interested in our comments.

It has been our experience that Indocin is both antiinflammatory and antirheumatic. It has been a useful adjunct in the management of patients with osteroarthritis, rheumatoid arthritis, ankylosing spondylitis, and gout. In some instances of hypercortisonism, it has been a useful antirheumatic agent when steroids were withdrawn.

Although the antirheumatic and anti-inflammatory effects of Indocin may be unpredictable, Indocin has been a welcome addition to our armamentarium.

Sincerely yours,

JOHN W. SIGLER, M.D.,
Chief, Division of Rheumatology.

NEW YORK, N.Y. *April 23, 1968.*

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

DEAR DR. TISHLER: I have been informed that the Nelson Committee is considering Indocin, and one of the points under consideration is that it is no more effective than Aspirin in the treatment of rheumatic disease. To date, I have administered Indocin to more than four hundred patients. I have also had the occasion to compare the results of Indocin with a number of Aspirin preparations.

I was doing a double blind test on various preparations of Aspirin and a number of patients were taken off of Indocin to be included in this Aspirin study after two weeks without medication. These patients, after finishing the Aspirin study and another two week period without medication, were again returned to the Indocin. I was aware at the time that there had been a question raised as to whether Indocin was more effective than Aspirin. I, therefore, was interested