

of this type. This is so emphatically evident in the rheumatoid spondylitic that I consider this observation, though it may not be effective, an enormous joke; however, misleading the public, medical lay is dangerous and grave enough a situation to prompt me writing you.

Indocin is certainly not effective in all, in fact a much smaller percentage of my patients than I had hoped, and it has some unhappy side effects which require careful observation, but it must be perfectly evident that I would find it very difficult to practice rheumatology without this valuable arm.

I should be happy to provide statistics if you care for them.

Very truly yours,

ERNEST M. BROWN, Jr., M.D.

MAYO CLINIC,
Rochester, Minn., April 24, 1968.

MAX TISHLER, Ph. D.,
President, Merck Sharp & Dohme
Research Laboratories,
Rahway, N.J.

DEAR DOCTOR TISHLER: It has been brought to my attention that the matter of the effectiveness of indomethacin may be questioned at a future congressional hearing on drugs. As a rheumatologist, I have had considerable experience with the use of indomethacin in patients with a wide variety of rheumatic diseases and I would be most distressed if this drug were not available for use in appropriate rheumatic diseases. I have found that many patients derive helpful relief of rheumatic symptoms from indomethacin, relief which often has not been obtainable with other simple analgesic medications. As is the case with all of the anti-rheumatic medications, there are some side effects resulting from the use of indomethacin but in my experience proper regulation of dosage and proper observation of the patient has enabled the use of indomethacin without undue risk considering its beneficial effects.

Sincerely yours,

EMMERSON WARD, M.D.

ORTHOPEDIC AND ARTHRITIS CENTER,
Oklahoma City, April 25, 1968.

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

DEAR DOCTOR TISHLER: This letter is written regarding our work with indomethacin. We first began using this drug in 1961. At that time, a double blind study was carried out with indomethacin on patients with rheumatoid arthritis. It was directed by Dr. Richard Payne who is in charge of our drug evaluation studies. Recently, we have completed a study, again using the double blind technique on the use of indomethacin in patients with osteoarthritis. The results of the first study have been published (Payne, R. W.: Treatment of Rheumatoid Arthritis with Indomethacin, Jour. of Oklahoma State Medical Association, 553-537, December 1965). The results of the study on osteoarthritis have just been completed and the paper is now at the publishers.

The difficulty in evaluating drugs in the treatment of any form of arthritis is well recognized. We have felt that indomethacin is useful in a small but significant group of patients. This would be in the neighborhood of one patient out of four or five. The ones who fail to respond, of course, get no results but those who do respond may develop very desirable effects which, in some instances, would encourage a natural remission of the disorder.

If more details are needed regarding our work with indomethacin, please advise.

Sincerely yours,

WILLIAM K. ISHMAEL, M.D.

[Cable received in New York from São Paulo]

SÃO PAULO, April 25, 1968.

Mezey Reyour cable following are Dr. Cobra's statements addressed to Dr. Max Tishler quote in the light of my extensive experience in the management