of diseases for which indomethacin is indicated I have found that: indomethacin has highly contributed to the better management of our rheumatic patients, senso lato, when administered within certain dosage limits, 25 to 75 milligrams orally per day or 100 mg. per day by rectal use. Above these limits there is a high increase in the incidences of side effects which limit the advantage in the use of the drug.

Indomethacin represents a valuable advance in the sense that it facilitated the compensation of certain chronic inflamatory syndromes and permitted the reduction of doses of other drugs such as phenylbutazone and steroids thereby reducing many of their side effects. Indomethacin alone; i.e., without being associated with other drugs or with other therapeutic measures does not seem useful to us because in most of the cases the necessary doses surpass the limits described above. Indomethacin has shown itself efficient as an Adguvant E. "compensation" treatment of patients with rheumatoid arthritis anylosing spondylitis and chronic gout arthritis as well as in the painful stage of osteoarthritis.

Summarizing: As a drug used alone indomethacin is efficient only in large doses but with a consequent high incidence of side effects. Indomethacin represents a drug of decisive efficacy when in moderated doses it is combined with other drugs.

Original statement being mailed today.

[Cable received in New York from Mexico]

MEXICO, *April 25, 1968.*

DR. K. C. MEZEY, *Merck:*

Robles Gil reply as follows: 1 Since Indomethacin is drug that frequently allow treating patients in best way, 2 Indomethacin produces response in patient on whom previous treatment did not produce therapeutic response and permits the reduction of other drug such as corticosteroids. 3 Principal Indomethacin indication are rheumatoid arthritis. Degenerative articular problems gout. Memo follows.

IBARRA.

THE UNITED NEWCASTLE UPON TYNE HOSPITALS,
Newcastle Upon Tyne, April 25, 1968.

Dr. R. HODKINSON,
Medical Unit,
Merck Sharp & Dohme Limited,
Hoddesdon, Hertfordshire.

DEAR DR. HODGKINSON, I understand that the United States Senate is currently reviewing some aspects of the drug industry, including the status of Indomethacin. I have knowledge of articles published in non-medical journals, namely the Wall Street Journal and the Sunday Times, which have contained references to Indomethacin. In my opinion, these articles were inadequate and inaccurate in many aspects, as they failed to mention the properly conducted and controlled clinical trails which were done in 1962 and 1963, and which demonstrated the value of Indomethacin in the management of rheumatic disorders. In fact, Indomethacin was subjected to both the most prolonged and careful scrutiny that any drug had ever received prior to its introduction to clinical usage. Controlled trials and a considerable amount of subsequent clinical experience have fully justified the place of Indomethacin in Rheumatology.

I also feel that unjustifiable emphasis has been placed on side effects which are common to every drug used in medical practice, and in my opinion, the careful administration of Indomethacin constitutes one of the safest and most effective methods of drug treatment in the management of numerous rheumatic conditions. In particular Indomethacin is virtually exempt from the risk of haematopoietic, hepatic and renal side effects which complicate the use of many other drugs in rheumatology.

If you feel it would be helpful to produce this letter and the appended statement of my views on the usage of Indomethacin in rheumatology, you have my permission to do so.

Yours sincerely,

MALCOLM THOMPSON, M.D., M.R.C.P.,
Consultant Physician.