CLEVELAND METROPOLITAN GENERAL HOSPITAL,
Cleveland, Ohio, June 27, 1963.

NELSON H. REAVEY CANTWELL, M.D.,
Merck Sharp & Dohme Research Laboratories,
West Point, Pa.

DEAR DR. CANTWELL: This is in answer to our telephone conversation. As I mentioned to you in my letter of 26 January, we have treated 51 patients with acute rheumatic fever. I have discussed the whole situation with Dr. Mortimer and our plans for analysis are as follows. Dr. Mortimer is presently analyzing the data and in September Dr. Correa, who participated in the study in Chile, will come to the United States to spend six weeks here going over the data and preparing it for publication. It is possible that we will have a rough draft before that time and if we do we will forward it on to you. In addition, Dr. Correa is going to bring with him the serum specimens that we collect once a month from these individuals. In October I am going to Chile to collect further specimens from the study group. The final analysis of the effect of the drug on valvular heart disease will be completed in January. One of the problems that we will face will be adding the final evaluation of the effect of the drug on valvular heart disease to the analysis of the effect of the drug on the acute phase symptoms. It is my feeling that the two should go together since there is no indication that the drug would or should be effective on valvular heart disease and it is not likely that a second publication will be justified. We are in the process of training two technicians to help us complete the laboratory work.

In going over our financial situation, we will require the money remaining in the original proposed budget to complete this work in an adequate fashion.

With best personal regards,

Sincerely yours,

CHARLES H. RAMMELKAMP, M.D.,
Professor of Medicine.

DUKE UNIVERSITY MEDICAL CENTER,
DEPARTMENT OF MEDICINE,
Durham, N.C., July 9, 1963.

Dr. NELSON H. REAVEY CANTWELL,
Merck Sharp & Dohme Research Laboratories,
West Point, Pa.

DEAR DR. CANTWELL: I enclose your completed questionnaire with an attached sheet listing a few further observations. We do not plan on making any further formal report of our findings this year. The protocol sheets are available to you at any time, of course. I would emphasize as I did prior to accepting MK615 for use that the data here are in no way to be interpreted as representing a controlled study. Our patients come from distant towns usually and are often under the simultaneous care of a local physician whose prescriptions are seldom known to us. We simply report what we have noted in our particular and transitory clinic setting.

We need a further supply of both 25 mg and 50 mg capsules of MK615, if these are available. I share with you an impression that these are well tolerated.

Sincerely yours,

GRACE P. KERBY, M.D.,
Rheumatism Clinic.

PAUL J. BILKA, M.D.,
Minneapolis, Minn., July 9, 1962.

NELSON H. REAVEY CANTWELL, M.D.,
Merck Sharp & Dohme Research Laboratories,
West Point, Pa.

DEAR DR. CANTWELL: I have made a preliminary analysis of 50 patients with rheumatoid arthritis who have received MK–615 for at least one week. As I am sure it will take some time before I can complete the clinical evaluation forms on each patient, I thought you might be interested in my impression of the drug at this time.

Of the 50 patients 22 recorded no help or else obtained the same degree of help as from the placebo.

Nineteen patients recorded slight help in the range of 10 to 25 percent improvement.