Our impression of the drug remains good. It is clearly not the answer to rheumatoid arthritis and has not been helpful in those few instances of connective tissue disease where we have tried it; but in a significant number of patients it is of decisive benefit when other medications have failed.

I am writing to you about a financial question. We have obtained a modest amount of laboratory information on our patients which the patients were guaranteed would not be charged to them. The day of reckoning is approaching with the hospital when they insist that I settle accounts. I am therefore writing to ask what mechanism you would propose that we employ to obtain the money from you to meet these expenses?

Many thanks for your consideration.

Sincerely,

HALSTED R. HOLMAN, M.D.

SCRIPPS CLINIC AND RESEARCH FOUNDATION,
La Jolla, Calif., April 29, 1963.

ELMER ALPERT, M.D.,
Merck Sharp & Dohme Research Laboratories, West Point, Pa.

DEAR DR. ALPERT: I thought I would drop you a little progress note as to what we are doing with the MK–615 that you sent to us, and at the same time, ask if you could send me some more.

With the full realization that our clinic material is too limited in numbers for a large double blind study, we have been merely using MK–615 in the management of some of our patients and recording our impressions of it. Today I can merely tell you that we have seen no untoward effects from it although our top dose has been only 250 mgs as per your suggestion. We have also found that patients tolerate MK–615 together with ASA dose of 4 grams a day without signs of salicylate intoxication. I can also say that the persons on MK–615 seem to be doing quite well although it does not seem to be holding one 40 year old lady.

Finally, regarding our equilibrium dialysis study with MK–615 we have found that MK–615 does, indeed, bind to the same site on albumin that is bound by the I^{131} labeled Urokoh. As you recall, sodium salicylate also binds to this site but we think that MK–615 has a stronger bond than does sodium salicylate.

Meantime, with your generosity I would greatly appreciate some more 50 mg MK–615 tablets so that we may continue our few patients on it.

Very sincerely yours,

RICHARD S. FARR, M.D.,
Head, Division of Allergy and Immunology.

NEW BEDFORD, MASS.,
February 18, 1964.

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

DEAR NELSON: I am sending to you the initial MK–615 Clinical Evaluations as I originally submitted them. Under comments, where previously no comments had been made on any of the forms, I have brought my data up to date to the time when each patient discontinued the medication.

As you may see from these comments, I failed to note any beneficial effect on either a decrease in steroid dosage or any relief which may have been obtained from these patients who all were suffering from some allergic disorder.

My initial impression after evaluating the original data therefor held it does not seem to be of any benefit in allergic diseases. I might note that I have had four allergic patients with bursitis in whom I took the liberty of trying this drug and had beneficial result in all four. I was patiently waiting the recurrence of my own gout to see if it would be of benefit but fortunately or unfortunately depending upon your point of view, I myself have not had the chance to evaluate it personally.

Because of the poor data I did obtain, I saw no reason to go ahead and use the capsule form of M–615 and have not done so. If you feel there is a dramatic difference in the therapeutic benefit, which I would doubt, I could try a group of selected patients on this if you so desire.

Edward Joyce was in to see me and informed me that you are considering a topical preparation of this which may help in dermatological disorders. I indicated