would most clearly be assigned to the category of analgesics rather than antiphlogistic agents according to our present experience" (Oct. 1, 1963).

DR. R. W. PAYNE,
McBride Clinic, Inc., Oklahoma City, Okla.

"In the fall of 1962, I submitted data on the tablet form of Indocin on the government forms. I have no additional data. My results were generally unsatisfactory and so I discontinued use of the drug" (Jan. 7, 1964).

Dr. JOSEPH E. GIANSIRACUSA,
San Jose, Calif.

"I don't believe I will continue to use Indomethacin until some other reports are available from people in this country . . . the only possible use that I think we might make of it sometime would be in the treatment of acute gout. . . . I think a study of Indomethacin compared with Placebo might be something the house officers might like to undertake sometime in the future. . . . We have no plans at this time" (Jan. 9, 1964).

Dr. J. W. HOLLINGSWORTH,
School of Medicine, Yale University, New Haven, Conn.

"I have learned that two other patients on Indocin have developed peptic ulcers, one with perforation necessitating operation. This now, in our series of approximately 100 patients, makes at least six, and perhaps seven, ulcers. Certainly this agent is ulcerogenic to a degree that will make it difficult to continue to advise its use" (July 9, 1963).

Dr. CARL M. PEARSON,
School of Medicine, University of California Medical Center, Los Angeles, Calif.

"My incidence of headaches in this group has been about 33%. I have discontinued the drug as soon as headaches occur because I have not known how to evaluate this from a toxic point of view. Until we know more about its causes, I don't think we should continue it in the presence of headaches" (June 21, 1963).

Dr. EDWARD E. ROSENBAUM,
Portland, Oreg.

"However, the incidence of side effects that we have more recently encountered seems to us to be at the present time too great to have this medication used as therapy in general office practice" (June 11, 1963).

Dr. CARL M. PEARSON.

STATEMENT OF SENATOR NELSON—RESUMED

In the December 17, 1965 issue of Medical World News, Dr. Charley J. Smyth is reported to have claimed that indomethacin is the most promising antirheumatic agent since cortisone. Yet, less than two years later in an article in the April 1967 issue of Consultant with the title, "Treating Rheumatoid Arthritis: What's Most Apt to Succeed?" Dr. Smyth mentions indomethacin only in passing. Steroids, phenylbutazone, antimalarials, gold treatment and surgery are discussed, but not indomethacin. Dr. Smyth's explanation to the Subcommittee is that space was limited. Would it not be reasonable to assume that if space is limited, the most important items would have been included and the marginal ones left out?

Doctors Calabro and Smyth presented their personal views of the drug on behalf of the manufacturer. The only independent doctor who had the opportunity of inspecting the NDA file was Dr. O'Brien of the University of Virginia Medical School. His judgment was that although there was considerable testimonial evidence, there was relatively little scientific evidence. Dr. L. A. Healy in the article which Senator Scott has kindly put into the record, stated that:

"In a chronic disease such as rheumatoid arthritis, which is marked by spontaneous remissions and exacerbations, where both the patients and physicians naturally are hoping for improvement, the subjective impression of the efficacy