It goes on to say on the same page:

Remember and make sure your physician realizes that, unlike aspirin and Darvon, Indocin has been found effective in not only relieving pain but reducing fever, swelling and tenderness, and increasing joint mobility in the symptomatic treatment of rheumatoid arthritis.

Now, it is very likely true that few doctors would be misled by this description of the effects of aspirin. I don't know how many might be, but in some real sense that is beside the point. The description here is an inaccurate description of the value of aspirin. It puts it in an unfair light in competition, because it puts aspirin together with Darvon, which is not an anti-inflammatory agent, and makes it appear that aspirin also is not an anti-inflammatory agent—that it is only good for the relief of pain. And when it no longer does that one simple thing, then you should turn to Indocin, or even maybe turn to Indocin first, because it implies, if it doesn't directly say, that aspirin only kills paid without reducing inflammation or improving joint mobility.

This is not true of the salicylates, of which aspirin is a member. It is not at all true that unlike aspirin, Indocin has been found effective in not only relieving pain but reducing fever, swelling, and tenderness. Aspirin and other salicylates will also, as has been shown in double-blind studies, reduce not only pain, but fever, swelling, and tenderness. They have reduced swelling in the joints. They have improved joint mobility in double-blind studies. This is a more subtle, much less blatant, approach than the 1965 bulletins, but nevertheless, in our view, slanted and misleading. There are many other examples.

Senator NELSON. You did say a few moments back that you had in going through the bulletins extracted from them all of the claims that were made beyond FDA-approved claims? Did I understand you to say that?

Dr. MCCLEERY. Yes. We have really enumerated most of those, the most important and significant ones in our testimony as far as unapproved indications are concerned.

Senator NELSON. If there are any others that you didn't list in your testimony——

Dr. MCCLEERY. Yes, I have another one in Bulletin 77, September 11, 1967, which is headed on page 1 by the statement: "Let's dare to compare."

Senator NELSON. Pardon?

Dr. MCCLEERY. "Let's dare to compare," and I should mention that this, I feel, reflects a normal and even laudable urge on the part of companies to compete. That is not what we are faulting in this time period, but only describing that this characterizes the nature of the 1967 bulletins.

This one again happens to be on aspirin and salicylates, and it started off by saying, "In the management of inflammatory lesions of the musculoskeletal system, where there is pain, inflammation and limitation of motion," again parenthetically, "as there is in rheumatoid arthritis." It then repeats the proper list of indications. But it is always this combination of the very subtle enlargement created by mentioning inflammation, and whenever there is swelling, "as there is" in the list of indicationed illnesses. This runs all the way through.

Then it turns to an authority that is well known in the field of arthritis and rheumatism, Dr. Howard Polley, of the Mayo Clinic.