

doubtful even a pharmaceutical house with an internal business-research relationships of extraordinary balance and understanding can or does follow any such policy to the letter today.

The second approach is described by a former medical director of a large pharmaceutical house which maintained two different medical staffs, one apparently with a less rigid approach to promotional procedures which could be used overseas. Somehow I feel this latter approach, or variations of it is the more common, and probably the more easily rationalized of the two.

It must be recognized that there is such a thing as honest difference of informed medical opinion on the evaluation of individual drugs. It seems that there is always available some medical specialist or some source of information to contradict opinions expressed by others. It has been said time and time again that medicine is not an exact science, and certainly drug utilization appears to be one of its more inexact areas. But for the purposes of public health today, a judgment has to be made and a line drawn somewhere. It is suggested that a little line drawing is now indicated.

There are at least two complicating factors which get in the way of a quick and easy solution to this problem. First, is the obviously different opinions that scientists of good reputations and sincerity have about not only the physical qualities of drugs, but also about the whole philosophy of risk versus anticipated