

The drug aminopyrine was once a constituent of headache powders. It is now gone. A number of people suffered in gaining this experience, but amongst the old drugs we haven't separated what is efficacious from those that are not. The toxicity of new drugs, however, is a different matter.

Chloramphenicol is an example of a drug that was put on the market before the whole story of its toxicity was known.

Senator NELSON. Do we know of the old drugs, is there enough knowledge among the pharmacologists to know what of those that are on the market have some efficacy and those that do not, or are there those on the market that we don't even know about?

Dr. MAGEE. I think pharmacologists know, but there are drugs that are toxic or useless which are still prescribed. One was mentioned this morning, strychnine. Therapeutically they do nothing. Pharmacologists know this. The prescription of some of these is justified by physicians in terms of psychosomatic effects. The patient believes he is ill. If he feels something has been done, then he doesn't feel ill.

Senator NELSON. Why would one of those drugs make you feel better than just a placebo?

Dr. MAGEE. They don't. But these things are time-honored tonics. Patients are told they are going to be given a tonic that will "buck them up."

Concerning the financial benefit that the pharmacologist gets from the drug company, most pharmacologists appreciate this, I certainly do, but this has become a way of life, and one doesn't often equate grants and scholarships with prices, or with the money that the patient has to pay.

The drug companies, for example, contribute as sponsors to many independent professional scientific societies, and in a way help maintain these.

It is sad and rather frightening in my opinion that organized medicine in the shape of the AMA has set itself against the patient in the drug price controversy. I say frightening because if the physicians' organization is neglectful of the patient's interest in this respect may it not be equally neglectful though less obviously in other respects?

Senator NELSON. Is this a new position for the AMA vis-a-vis the stand they took 20 or 30 years ago?

Dr. MAGEE. This is new, yes, new in a sense. Twenty or thirty years ago they were against quackery, and quackery is not exactly within the bounds of medicine, but since quackery involved nostrums and treatments outside the profession, they were against it. Until comparatively recently they were concerned with drug standards. They had a council on drugs which gave its approval to new preparations.

Senator NELSON. Do you feel that the AMA is not adequately concerned with drug standards today?

Dr. MAGEE. I get the impression myself that the AMA seems to be more interested in safeguarding business and in safeguarding private enterprise, in this instance at least, than in the patient. The impression I get is that the AMA sees a greater danger to private enterprise than it does to the patient.

Senator NELSON. But why particularly should they be concerned in this instance about say drugs or drug prices, drug standards, versus the welfare of the patient they are sworn to uphold?