Dr. MAGEE. I have trouble with 5 years. There have been drugs produced recently which have been a boon to medicine and which in some sense have marked a breakthrough. They may be over more than of a 5-year span. The thiazine antidiuretics I put in this class and the oral antidiabetics I would also put in this class.

Mr. GORDON. Developed in Europe?

Dr. MAGEE. In Europe, yes. If you would expand this to 10 or 15 years, there have been a host of preparations produced by the drug industry, antibiotics, derivatives of adrenal steroids and so forth, which have represented real breakthroughs.

Mr. GORDON. But not in the past 5 years for those?

Dr. MAGEE. No, these are over a longer period of time, that is true, but it would be improper I think to pretend that we do not owe a tremendous lot to drug company research. Many of the sick are now in a better position than they were 20 years ago as a result of drug company research and other research aside from drug companies, but the question is whether the cost of the drug is out of line with the cost of research, and I think the Kefauver committee made it plain that it was.

Mr. GORDON. How many drugs can you think of which treat ailments better than any existing therapy? Prostaphlin would be an example, would it not?

Dr. MAGEE. The synthetic penicillins. They were developed originally in England, and may have been developed a little more than 5 years ago, but this is the case, that they treat a type of infection which was not readily treatable before.

Mr. GORDON. You state that a few years ago there was a spate of expensive highly touted antibiotics which turned out to be valueless and subsequently disappeared. Could you give us the names of some of these?

Dr. MAGEE. Yes. I had two particularly in mind. One was Carbomycin. It became evident in the course of time that Carbomycin was not as effective as an existing antibiotic, Erythromycin. When it became evident that there were staphylococci that were resistant to penicillin or became resistant, a spate of drugs was developed, each of which was said to be effective against penicillin-resistant staph. In the course of time it became evident that staph resistance developed to these as well. Carbomycin was one which produced a cross-resistance to Erythromycin such that Erythromycin, which was a reasonably good drug, was no longer effective against a staphylococcus organism which had previously been treated with Carbomycin. Then this drug disappeared. But the advertising did not.

Mr. GORDON. That was actually a harmful drug, wasn't it, because it made a person resistant to the application of a good drug?

Dr. MAGEE. Yes, that is true. In that sense it was harmful, because it did displace a better drug. But this better drug in the course of time was shown to have toxicity of its own. It took time to appear also.

Another one was a drug which is called Sigmamycin. You may remember that this one had some notoriety, because the Saturday Review looked into some of the advertising testimonials that were used in its advertisement.

Senator NELSON. Thank you very much. We certainly appreciate your taking the time to come before the committee today. Your testimony has been very useful to us.

Dr. MAGEE. Thank you.