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Keflin discontinued on twelfth hospital day. Patient continued in hospital for evaluation of anemia.

Now, this is supposed to be a case for this particular drug.

Senator NELSON. Is this an ad?

Dr. KUNIN. This is an ad.

Senator NELSON. In what publication?

Dr. KUNIN. This you will find in any medical journal. This comes in all of them. This could be in the JAMA.

Senator NELSON. AMA has run this ad?

Dr. KUNIN. Oh, yes. Actually, I believe I took this one from the overseas edition of Lancet which is now published in the United States and filled with American advertisements.

Now, what is wrong with this advertisement? What is wrong is that we never are told what was wrong with the patient. They don't describe the fact that the patient had a sputum examination that was stained for certain bacteria which could well explain what he had. They don't tell us about blood cultures that would have been necessary for diagnosis. It is quite probable that the penicillin was working quite effectively and they just simply changed to another drug which did the same thing.

The effect of corticosteroids are dramatic and one does not know what role they played here.

We really don't know anything about this patient that we should know in terms of rational therapeutic practice.

This is an example of "don't think; use our drug."

(The advertisement referred to follows:)

A CASE FOR KEFLIN® (SODIUM CEPHALOTHIN)

Temperature down in twenty-four hours; patient free of infection after eight days*

Patient was 52-year-old male with past history of heart disease, alcoholism, and anemia of unknown etiology. Temperature spiked to 103°F. on third day after admission to hospital for impending delirium tremens. WBC count was 19,800, and clinical findings were consistent with pneumonia of the right lower lobe. Temperature dropped to 101°F. after one day's penicillin therapy, but patient became hypotensive and more toxic. The BUN rose from 70 to 111 mg./100 ml. Treatment was begun with Keflin (1 Gm. I.V.q. 4 h.) and large doses of corticosteroids.

One day later, temperature had dropped and blood pressure was controllable with pressors and corticosteroids. Patient was more responsive but still disoriented. BUN was 96. Dosage of pressors, antibiotic, and steroids was gradually reduced as the patient slowly and progressively improved.

Keflin discontinued on twelfth hospital day. Patient continued in hospital for evaluation of anemia.

Keflin is potent enough for the most severe susceptible infections: respiratory tract, urinary tract, surgical wounds, soft tissue, skin, bone, or blood. Keflin has proved to be outstandingly effective in a wide range of severe infections located in a variety of sites. Its *broad spectrum* covers virtually all gram-positive organisms; a great majority of gram-negative organisms are moderately susceptible, with the I.V. route affording maximum concentration. The *bactericidal action* of Keflin helps assure rapid, decisive patient response. This is especially important when host response is poor, as in debilitated patients. Keflin is active against both penicillin-sensitive and penicillinase-producing staphylococci. It is often effective when other antibiotics fail.

*Case history on file with the Lilly Research Laboratories.

This case, of course, does not typify every aspect of therapy with Keflin. For further information on indications, precautions, and adverse reactions, see accompanying text.