reaction. Such an undertaking is difficult; the difficulty, however, should be considered as a challenge. A central regulatory agency is necessary. A central office need not necessarily be a government office but it must be a disinterested central regulatory office with no financial interest in any drugs or substances coming within its province to evaluate.

Another excellent plea has been made in England, namely, that the law be changed in regard to prescriptions. The present law in England and the custom in our country is *never* to put the name of the drug on a prescription unless requested by the physician. The reverse is recommended. In England one woman, after she had had one infant born with phocomelia, unknowingly because no name was on the bottle, took Distaval in a subsequent pregnancy and has two children with phocomelia. To prevent such catastrophies, it would be wise always to have the name of a drug on a prescription, unless requested by the physician that the name be withheld.

Our concern should not be limited to our own country. Communications between nations is important. The fact that thalidomide was withdrawn from the German and English markets at the end of November and early December 1961 and was not withdrawn in Canada until the end of March 1962, and in Italy or Japan until the end of May 1962, shows a basic difficulty in communications. Thalidomide was marketed under at least 52 different names. To my certain knowledge phocomelia has occurred in 19 countries following the use of thalidomide. A number of countries have no food and drug regulations. The only way the doctors hear of untoward effects is through articles appearing in medical journals. Consequently warning reaches them 6 to 18 months late. It takes time for the investigator to amass the information. Frequently it takes 6 months or more for publication and another month or two for perusal of the journal in a distant land. It is fundamentally wrong that a drug suspected of a serious untoward reaction should be permitted to circulate in foreign lands after it has been withdrawn in other lands, especially when withdrawn by the firm that originated it. Communication of unfavorable and untoward reactions is quite as much the responsibility of the medical profession as is the spread of beneficial results of therapy. Furthermore, the great number of trade names under which a drug may be marketed presents a problem. Indeed, it is difficult for the physician in one land to know that a drug discussed under an entirely different name from any in their country is the same or similar to some preparation in their country. To avoid such difficulty, some central office of information appears necessary.

As we learn the dangers that drugs can cause in early pregnancy, the assumption should *never* be made that only during embryonic growth is it possible to injure the unborn child. Gross malformations occur as the embryo is developing. Serious abnormalities in function *may* occur later in pregnancy as a result of injury to the various organs of the rapidly growing fetus. Injury to liver function may not necessarily be evident at birth. Injury to the gonads might pass unnoticed until puberty; injury to the brain might be even more difficult to detect. Injury to the chromosome is yet more obscure.

Therefore, women must learn to abstain from all unnecessary drugs throughout pregnancy. Indeed, women of the childbearing period should learn to abstain from drugs because the injury to the fetus may occur before the woman knows she is pregnant.

It should also be remembered that just as x-ray and radioactive fallout may injure both sexes, drugs may yet be developed that may injure the sperm. Therefore, men, too, should be cautious about drugs. We must all learn not to clamor for new and more potent drugs. Furthermore, people must learn not to prescribe glibly to one another and not to take drugs over the back fence. What is good for one is not necessarily good for another. Caution concerning drugs may strengthen our future generations.

HELEN B. TAUSSIG.

Senator NELSON. That concludes the hearing for today. We will adjourn until 10 o'clock tomorrow morning.

(Whereupon, at 11:45 a.m., the committee adjourned, to reconvene at 10 a.m., Wednesday, November 29, 1967.)

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