

pletely ignore. These influences are somewhat analogous to a precinct, county, or township that repeatedly delivers the vote.

About 13 years ago a 3-year-old child was brought to me, the daughter of a man I know who farms near Clover, and who has a good old-fashioned farming family—a large one. This little girl had a sore ankle. We puzzled over it for a few minutes; it is not unusual to find the young child in a large family is more used to listening than talking, and this one was one of those who wouldn't say much about her problems. The thought struck me she might have an early case of osteomyelitis. I X-rayed the leg, did other tests and soon determined she did indeed have an infected bone. I put her on a drug called Signemycin.¹

Now it is important in acute osteomyelitis to begin treatment promptly with an effective drug, prescribed in adequate dose and continued past the point of clinical healing. The infection is found in the bone and if unchecked, it spreads quickly, killing bone tissue as it proceeds, causing immense pain, leaving wrecked bones and destroyed joints in its wake.

I had some Signemycin in the office, and I gave what I had to the child. I wrote her a prescription for some more. Knowing her family's situation, I felt sure between cost of raising six other children and problems they were having with their farm, they would be hard put to bear the cost of this necessary cost of therapy.

When the detail man from J. B. Roerig and Co. came around, I explained the problem to him. I made it clear, eventually, this farmer would pay for the drug, but right now it would be difficult. I asked him if he could do something for this child. As it turned out, Roerig supplied gratis the entire amount estimated to retail at \$350.00. That was a lot of money 13 years ago.

Fortunately, the little girl responded beautifully. I have a whole series of X-rays that show the gradual regression of the infection. I would like to show you the child now; she is now 16 and she has an interest in miniskirts, but for this experience, she might not otherwise have.

Gentlemen, I will not ignore memories like that, and I hope you don't think I should.

When I began practice 25 years ago, chronic osteomyelitis was fairly common. The resultant death of bone, the painful involvement and destruction of joints, the formation of large quantities of pus, and the unpleasant outlook all made for an exceptionally ugly situation. The antibiotic era has made chronic osteomyelitis an uncommon disease; it has the prompt and effective cure of acute osteomyelitis almost routine.

I can't forget things like that. Call it hearts and flowers if you wish. It is human to thank, and I thank the drug companies that discover these drugs. I am even more appreciative to find when the situation warrants, the best of them are more than willing to provide their products at a loss. This is responsible behavior, and it goes unheralded, except, of course, by the patient who benefits from it.

Another kind of example I mention is Aureomycin, made by Lederle Laboratories, the first tetracycline. I remember two things in particular about Aureomycin. The first, it caused a lot of my patients to vomit; and, it cost wholesale \$1.50 per capsule when it was first introduced.

¹ See App. III, pp. 4795–4799, *infra*, with reference to Signemycin.