filed with ease and the data retrieved with facility. Index issues arrive about four times a year. In addition, I would suggest that every prescribing physician own "Drugs of Choice" by Walter Modell, which comes out every other year, or "Current Therapy," by Howard Conn, which comes out every year, and one good current pharmacology text.

Sometimes in 1969, the comprehensive "American Medical Association Drug Evaluation" book will be available. This should serve as a most valuable adjunct to the physican who desirees to learn about drugs and should quell all dialog about the compendium. Of course, I would be delighted if everyone purchased a copy of my third edition of "Diseases of Medical Progress." But with this cluster of books within pivot-and-reach distance of his prescription pad, any physician will possess all the basic tools he needs to keep abreast of new drug developments and revised concepts of old drugs.

Gentlemen, drug information is abundantly available. The problem resides in kindling the initiative—in firing up the enthusiasm to get physicians to reach for that information.

Our remarkable therapeutic arsenal is a tribute to the commercial drug industry and the devoted chemists and pharmacologists of our medical schools. But neither AMA, FDA, nor the industry can solve the problem completely.

For the past 15 years, in lectures and articles my plea has been directed to the physician on the firing line, the doctor who prescribes the drug. It is farthest from my intention ever to suggest therapeutic timidity or homeopathy. Our predecessors in medicine had limited diagnostic and therapeutic resources.

The complement of nostrums in their little black bag was austere, but those drugs were regarded as old familiar friends. Some were worthless, others were dangerous; some were impure and unstandardized to the point of unpredictability.

The few effective drugs were trusted allies whose strengths and weaknesses were well known. The practitioner of the past attempted to compensate for lack of material resources with meticulous attention to his patients, personal charm, kindness and above all, a pervading equanimity.

His lonely hours of private hell, when he was tormented by his inability to come to grips with most of the severe illnesses that he encountered, constitute a long, bleak chapter in medical history.

The modern physician is afforded rare glimpses of this agony when faced wih terminal malignancy or severe degerenative disease or irreversible neurologic illness. Modern pharmacology has brought this unhappy era to an end, and today we enjoy the privilege of fine, powerful, well standardized therapeutic weapons.

Now we must work to create an atmosphere of rational caution and critical evaluation, where each physician will pause before putting pen to prescription pad and ask himself, "Do I know enough about this drug to prescribe it? Does the possible benefit I hope to derive from this drug outweigh its potential hazard?" I do not preach nihilism but rather therapeutic rationalism.

Thank you.