Probably because the leaders of the FDA recognized this explosive potential they elected not to exercise the authority given them by Congress until 1966. At that time the FDA, under the inspired leadership of former Commissioner Goddard, accepted the assistance of the FAS–NRC and select panels began the long review. The findings and recommendations of these panels have begun to filter down and the FDA either has published or plans to publish its intention to ban the marketing of certain irrational combinations. The most recent decisions deal with irrational antibiotic mixtures. While these steps are rational they fail to make allowance for the irrationality of the drug industry, the AMA, and a segment of the medical profession. The drug industry and its friends operate under a different set of rules which can be stated quite simply. Whenever a drug, through rational or irrational usage, has acquired a place in the Art of Medicine it is no longer subject to any scientific scrutiny. Morton Mintz caustically labelled this the "Hussey-Stetler Test of Time." Any attempt to subject a drug that is already on the market to sicentific scrutiny is met with howls of protest over interference with the privileges of physicians. If we accept this abuse of privilege we set scientific concepts of drug therapy back to the Middle Ages.

The spectacle of the drug industry acting as the champion of the privileges and prerogatives of the physician would be amusing if it did not have such serious consequences. The drug industry is interested in encouraging irrational prescribing and thereby increasing sales volume, not the rights of the physician. In my statement of 1960 I said: "The incidence of disease cannot be manipulated and so increased sales volume must depend, at least in part, on the use of drugs unrelated to their utility or need or, in other words, improperly prescribed." Today I would go a step further than I did in 1960. Probably the major part of the sales volume of many drugs (and especially combinations) is dependent on their being prescribed improperly or irrationally.

We can only hope that the FDA and the panels will not be swayed as they were in 1963. We have had more than enough of drug evaluation by mass protest. We have had more than enough of political leverage. We have had more than enough of irrational prescribing, and of anti-science. If there is such a thing as a science of medicine then let us behave as if we believe it. The pharmacologic action of drugs is a Science not an Art. Those who believe it is an Art should limit their prescribing to innocuous placebos whose activity does indeed depend on art.

Unfortunately there are rumors that the FDA may be returning to the doldrums it was in for more than 30 years prior to Dr. Goddard's leadership. Dr. Goddard was a realist and recognized that the industry had to be dealt with as an adversary. To deal with the drug industry in any manner than as an adversary is not only unrealistc; it is nonsense.

### IRRATIONAL PRESCRIBING

The Task Force on Prescription Drugs simply accepts the existence of irrational prescribing. For obvious reasons it makes no attempt to answer the all-important question about the incidence of irrational prescribing. It does state: "We find that few practicing physicians seem inclined to voice any question of their competency in this field. We have noted, however, that the ability of an individual to make sound judgments under these quite confusing conditions is now a matter of serious concern to leading clinicians, scientists and medical educators."

There are two quite different ways to practice medicine. One calls for precise, pinpoint diagnosis and the aiming of a handloaded rifle bullet at the center of the target. Unfortunately, this method is not always available; an overwhelming potentially fatal infection is an obvious exception, but this is the primary method taught in medical schools. The other method, which is not taught in medical school, seeks only some general categorization of the patient's illness, such as anemia, infection, or gastro-intestinal disorder and either letting loose a shotgun blast in the hope that one of the pellets will find the mark, or firing one or more rifle bullets in random fashion hoping, again, that one will reach the bull's eye. These are examples of irrational prescribing and unsound medical practice.

This latter method of practice requires far less skill, much less time, and uses much more medication than sound medical practice. Because it is easier, it has more and more appeal as the physician becomes more hurried, more harried, and more confused. Because it uses more drugs, the drug industry encourages the practice in the "education" it gives in its advertising and promotion efforts. It is easier than you will believe to fall into the habit of thinking fever equals infection equals a prescription for chloramphenicol. Viewed in this light, the misuse of chloramphenicol becomes more understandable since chloramphenicol is