[The editorial dealt with the inability of a dermatologist to obtain the separate ingredients of Mycolog for patch testing because this would require the formalities of a new-drug investigation.]

ities of a new-drug investigation.]

"2. Mysteclin F is produced by Squibb and the FDA has requested Mysteclin F

no longer be made available as a drug to be prescribed by physicians.

"3. I need a license to practice medicine. The practice of medicine is many things to many people.

"4. Congress never authorized the FDA to assume control of the medical pro-

fession nor to direct physicians how to practice medicine.

"5. As a practicing physician, there are many patients in whom I believe Mysteclin F is the drug of choice. I assume the responsibility for each decision I make. I do not believe the reason given for removing Mysteclin F from the market is a legitimate one . . . 'indiscriminate use of antifungal agents is to be avoided.'

"6. The FDA was created as an agency to prevent the movement in channels of interstate commerce of adulterated and/or misbranded foods, drugs, and cosmetics. Your agency has no authority in the areas concerned with the practice of medicine. It only has supervisory control over the pharmaceutical industries, not

the medical profession.

"7. There is a big difference between pharmacology, pharmacological efficacy, and the practice of medicine and the medical uses of drugs. Drugs are used in the practice of medicine. Each patient is genetically different from every other patient. Physicians are taught to think and act using the tools of medicine. Pharmacology is but one subject of many taught to physicians. There has been no Congressional authority granted to the FDA to make comments about the medical profession and its actions. Your continued usurpation of granted powers must be recognized and stopped. Your continued intimidation of physicians and drug houses must be challenged and stopped. It must be recognized that your primary concern is not the patient but your own self-preservation according to the best legal minds under the tutelage of Mr. Goodrich. Anonymity of responsibility is your biggest and most powerful weapon since the Supreme Court refuses to pass judgment on any specialized agency such as yours. Knowledge of this isolaton and freedom from legal recourse has made your department wicked and unscrupulous. But who can do anything about it?

"8. Not only am I and my patients to be your victims but you and your family too. By what authority do you presume to have the right to tell physicians how to use drugs medically and when—except by usurping powers not granted you?"

JAMES H. JOHNSON, M.D., Chicago, Ill.

EXHIBIT 7

[From Medical World News, Jan. 31, 1969]

Some Practicing Physicians Reply

Senator Nelson's subcommittee hasn't invited, and therefore hasn't heard, testimony from the practicing doctors whose drug-prescribing competence has been so severely questioned by pharmacologists and other academicians. To get the other side, MWN has solicited reactions from the president of the American Academy of General Practice, the chairman of the AMA Council on Drugs, and an Oregon internist who says he has repeatedly, but vainly, tried to testify. The AAGP president, Dr. Maynard I. Shapiro of Chicago, expects to appear be-

The AAGP president, Dr. Maynard I. Shapiro of Chicago, expects to appear before the subcommittee on a yet unspecified date. "I can't agree with the contention that doctors are unable to prescribe drugs accurately on the basis of the information available to them," he says. "I'm confident I have knowledge of the drugs I prescribe. If some question is not answered by the material at hand—the package inserts, ads, and such—I make it my business to find out." He says his additional sources are journal club discussions, curbstone consultations with colleagues, and the companies. "If there is something specific I want to know, I go to the professional services department of a drug company."

Dr. Shapiro feels the doctor may already get too much information. "FDA requires every adverse reaction to be listed—like, for example, one skin lesion in 10,000 cases. This looks a little foolish to some of us in practice. Already the circulars are getting so long and detailed and the type is so tiny I'm afraid

a lot of men are not reading them.'