

Our next witness is Dr. John C. Krantz, Jr., of Huntingdon Research Center, Inc., in Baltimore. Dr. Krantz is a professor emeritus of the Department of Pharmacology at the University of Maryland.

Go ahead, Doctor. We are very pleased to have you here today and we apologize for being delayed so long in getting to your testimony.

**STATEMENT OF JOHN C. KRANTZ, JR., PH. D., HUNTINGDON
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Dr. KRANTZ. Senator, Mr. Counsel, every animal is capable of a cry characteristic of its species; man alone speaks. All along the tortuous road of ascent, articulate speech has been the sharp line of distinction between man and other primates. Speech gave him a history, speech enabled him to transmit knowledge, and speech has marched with a fidelity that is unwavering in the vanguard of advancing civilization.

But when speech or any form of communication is unclear it may serve as the source of misunderstanding and mischief. In medicine, with the prescribing of drugs, it can be the difference between the "quick and the dead." St. Paul, in his letter to the Church in Corinth, gave us the word, "Except ye utter by the tongue words easy to be understood, how shall it be known what is spoken? For ye shall speak into the air."

This thesis is a plea for simplicity in the nomenclature of drugs. I have been advocating this principle for four decades. Its first target was the preposterous use of the Latin titles in the official compendia and on prescriptions. I have witnessed the complete demise of this anachronism.

For three decades I taught pharmacology to medical students in the School of Medicine in the University of Maryland. It was extraordinarily difficult to have the student become familiar with two names and sometimes three or four for the same drug. It was more difficult to explain to an intelligent person why this cumbersome and confusing practice existed. This confusion did not prevail only with the student but also with trained physicians.

My proposal is simple and would bury the so-called created generic name in the same cemetery with the Latin titles. I propose that a new drug be assigned a name by its manufacturer, approved by the FDA and/or USAN, with a suitable suffix, representing the manufacturer.

For example:

Benadryl—Parke, Davis—not diphenhydramine hydrochloride.

Dramamine—Searle—not, dimenhydrinate.

Isordil—Ives—not isosorbide dinitrate.

Capla—Wallace—not mebutamate.

Such a name then becomes the only name that the drug has other than the true chemical name that may appear in small print on the label.

At the termination of the patent, other manufacturers could synthesize and market the product, using the assigned name without the originator's suffix. Thus, the names Benadryl, Dramamine, Isordil and Capla would be the equivalent of the generic name used today.

This has happened in the case of aspirin. Manufacturers are free to market aspirin but, Aspirin—Bayer has withstood the ravages of time and competition. This leaves us still with the age old problem of