

Senator NELSON. And how many members were there on your panel?

Dr. KIRBY. Each of the panels had six members. There were five panels. Each had six members.

Senator NELSON. And what was the composition of your panel? In terms of their specialty, experience, background?

Dr. KIRBY. These were all clinical specialists in infectious diseases and antibiotic therapy.

Senator NELSON. Do you have with you for the record, the names and the credentials of the doctors who participated on your panel?

Dr. KIRBY. As I understand it, sir, this is not public information yet.

Senator NELSON. I see.

Dr. KIRBY. And it will not be until the final reports have been completed which I believe will be within a few weeks, and I do not have them with me.

Senator NELSON. Fine. We will put them in the record at that time, then.¹ And, was each of them a specialist in the use or some aspect of the use of the drugs that were assigned to your panel?

Dr. KIRBY. Yes. They were.

Senator NELSON. And they were in the active practice of medicine?

Dr. KIRBY. Yes. All of them are actively practicing and seeing and taking care of patients with infections treated with antibiotics.

Senator NELSON. Thank you. One more question. Do you know how the panels were selected?

Dr. KIRBY. I believe that the National Academy of Sciences appointed an executive committee of the drug efficacy review and they in consultation with many medical societies, who made suggestions, selected the panel members. In other words, it was made up of suggestions by practicing physicians and their organizations throughout the country.

Senator NELSON. Then, the National—did this executive committee that was appointed by the National—National Research Council or National Academy—

Dr. KIRBY. It was the National Research Council which as I understand it, is under the National Academy of Sciences.

Senator NELSON. And that executive board then selected the panels.

Dr. KIRBY. Yes. With consultation and advice from many medical societies.

Senator NELSON. Go ahead, Doctor.

Dr. KIRBY. In theory, fixed combinations of antimicrobial agents would appear to offer some therapeutic advantages, but in actual practice these are difficult to demonstrate. Test tube experiments about 15 years ago showed that two antibiotics sometimes acted synergistically against various bacteria, and this observation led to the marketing of a number of fixed combinations. More extensive studies subsequently showed that with most combinations the action was only occasionally synergistic, more often it was indifferent, and in some instances it was antagonistic. Tests to demonstrate these effects are available in only a few laboratories, so that the physician who gives a patient a fixed combination cannot be certain whether the action

¹ This and other supplementary information, when available, will be incorporated in a subsequent volume.