

Senator NELSON. The Archives of Internal Medicine is a publication of the American Medical Association?

Dr. KIRBY. Yes, sir; it is.

Senator NELSON. And this is an editorial from the Archives.

Dr. KIRBY. Yes. An editorial from the Archive of Internal Medicine in April of 1957.

Senator NELSON. Go ahead.

Dr. KIRBY. These nine men said:

There are no data or experience which would justify the employment of any fixed combination of two antibiotics in a single ampule or a single tablet or capsule for systemic use. It is our firm conviction that the promotion and sale of such combinations should be discouraged until and unless adequate data from controlled clinical investigation justify this practice, and then only with respect to definite combinations for specific purposes.

The opinion of the experts has not changed since that time and similar statements have appeared on numerous occasions in articles, reviews, and editorials. It should be clearly understood that these antibiotic experts are not ivory tower scientists. They are not, as a recent article in the Wall Street Journal said of the Drug Efficacy Review panelists, "for the most part academic medical experts rather than practicing physicians." On the contrary, they are physicians who practice in teaching medical centers throughout the country.

Senator NELSON. In the article this morning in the Wall Street Journal, they repeat the same statement early in the article, third paragraph. It says:

Government and academic experts increasingly contend that many of these mixtures unnecessarily expose patients to several drugs at once, permit the physician to avoid careful diagnosis and prevents tailoring of the prescription to the patient's particular needs.

I just call attention to the fact that the Wall Street Journal is still repeating the allegation that these are academic experts. You are emphasizing here that they are practicing physicians; is that not correct?

Dr. KIRBY. Yes, sir. These are all clinicians who deal with the laboratory side and with the clinical side and are the most competent to deal with the most severe infections, and indeed, the practicing physicians out in the community refer their real treatment problems to these experts.

These are not test tube scientists. These are practicing physicians. They deal with infections ranging from mild to the most serious, and patients are referred to these centers because of the special knowledge and experience of the infectious disease specialists. Being expert at both the laboratory and clinical aspects, they are especially equipped to evaluate the true potential of antibiotics. These men have consistently opposed the use of fixed combinations for all the reasons we have mentioned, and it is not surprising that under the drug amendments of 1962 these products have been given the evaluation "ineffective as a fixed drug combination."

Why, it may be asked, if fixed combinations have these deficiencies and are opposed by the experts, have they been so widely used in the treatment of patients? The chief motive of the individual physician is to do his best for the patient, and I am not accusing him of negligence or incompetence. The answer lies, I think, in the education provided