It is true that at times it is necessary to treat patients with severe infections before the etiology has been determined. There are indeed valid indications for the use of drug combinations in such instances. However, in all cases the drugs used should be given at least initially by the parenteral route. With one exception, penicillin-streptomycin, all fixed combinations on the market can only be given orally. Furthermore, the combinations that are useful in these limited circumstances, at least in my field of medicine, are not the drugs available in combinations. The limitation imposed upon the physician by a combination consisting of fixed amounts of drugs are again obvious, particularly in pediatrics where careful dosage control is essential. Furthermore, at the present moment there are single drug entities available which are highly effective and reasonably free of toxicity so that the so-called "broad spectrum" argument for combinations has become progressively less valid.

The fourth argument is that physicians used combinations before the pharmaceutical houses introduced them. Again, this is true but only for a very limited series of conditions. In most cases, the physicians tailored the use of two drugs to the patient's specific condition, something not possible with fixed combinations.

Senator NELSON. May I ask a question, Doctor? The fourth argument is that physicians used combinations before the pharmaceutical houses introduced them. Did physicians actually make up their own fixed combinations?

Dr. EICHENWALD. No. What they did was prescribe two antibiotics simultaneously to the patient.

Senator NELSON. So the argument of the drug companies, when they said doctors used combinations, still does not apply to fixed combinations?

Dr. EICHENWALD. That is right. As I indicated, the physicians tailored the use of the drugs to the patient's specific condition.

Furthermore, some of the more popularly used oral combinations such as penicillin and sulfa and erythromycin and sulfa, which have been employed in the past in the treatment of middle ear infections in children have subsequently been shown to be no more effective than either penicillin or erythromycin alone. However, the important point is that a physician, in those limited instances when he did use combinations in the past, adjusted the dosages of the different components to the specific needs of the patient.

The claims of greater convenience and lower expense should be considered. Since combinations are clinically only very rarely indicated and then only in adjustable dosage, this argument for the existence of combinations is silly. This whole business involves a type of circular reasoning which totally avoids the issue of effectiveness and safety.

The last two reasons given by the pharmaceutical industry for the existence of drug combinations can be considered together. It is claimed that the physicians demanded them and their usefulness is shown by the fact that they are widely used. This, again, involves some circuitous reasoning because the pharmaceutical houses point to the admittedly widespread use of combinations to state that physicians must, therefore, demand them. In fact, the opposite is true,