

the demand was created by misleading advertising and by the inability of many physicians to evaluate the claims made for these agents.

Mr. GORDON. Dr. Eichenwald, may I interrupt at this point? I would like to read a statement to you. This is from a very prominent doctor.

I do not pay much heed to all this scientific testing, this measurement of blood levels, this testing in animals. I am accustomed to certain brands and I have good luck with them. The final test is the patient himself. If I want to know if a drug is any good or not, I ask my patients.

What do you think of that?

Dr. EICHENWALD. Well, I think this attitude is a rather strange one in this era of science. I think if one asked a patient whether a powdered unicorn horn helped him he would also say yes, because we are all aware of the fact that most illnesses are self-limiting and the administration of any material does have a so-called placebo effect. This is why patients always feel better when they get a medicine, whether the medication really helps them or not.

Certainly, the patient is perhaps the last individual who can evaluate therapeutic usefulness of a drug.

Mr. GORDON. You might be interested to know that that statement was made by Dr. Robert S. Long, head of the American Society of Internal Medicine as quoted by U.S. Medicine and he testified before our committee not too long ago.

Dr. EICHENWALD. All I can say is I do not agree with the statement.

No one can argue that these drugs are not widely employed. In the case of some of them, such as Signemycin and Panalba, this amounts, in my mind, to a strong indictment of the ability of many physicians to judge what is effective and what is not. All of us are aware that the great majority of conditions for which these drugs are employed are, in fact, self-limiting; many represent viral infections of the respiratory tract which run their course totally unaffected by any type of therapy.

I cannot overemphasize the fact that the demand for these agents was created by advertising which made claims which are still, a decade or so later, unsubstantiated on the basis of controlled observations. Thus, the guillible physician was lulled into a sense of security which substituted a "miracle combination" for his own diagnostic judgment or laboratory work. The pressures went something like this:

You can treat nearly everything you encounter with one of these combinations, then why bother to make exact diagnoses or perform laboratory work required for the identification of a specific bacterial agent causing the disease in question.

What are the disadvantages of the fixed combinations and why do I feel that they have no place in medicine?

In the first place, there is no antimicrobial agent which is not potentially dangerous. I know you are aware of the disastrous consequences that follow the use of penicillin in certain individuals allergic to it. The toxicity of chloramphenicol has been discussed before this committee many times. Even the minimally toxic antibiotics, such as erythromycin, can produce liver disease in some individuals. There are no harmless antibiotics. Reactions to all antimicrobia agents are common and reactions can be severe and fatal. The use of two drugs simultaneously increases the risk to the patient at least twofold; it is