Dr. EICHENWALD. Yes, sir.

Senator NELSON. What are the commonest cases for the use of tetracycline?

Dr. EICHENWALD. In children?

Senator NELSON. Children—there are some uses in children, is that right?

Dr. EICHENWALD. Yes, sir. They are very limited.

Senator NELSON. What are they?

Dr. EICHENWALD. We use tetracyclines for certain urinary tract infections. We use tetracycline for certain types of shigellosis, if the organisms are resistant to other agents. We use it in the Rocky Mountain spotted fever and other rickettsial diseases. Sometimes in the treatment of peritonitis.

Senator NELSON. And what are its commonest indications for use in nonpediatric practice?

Dr. EICHENWALD. I would prefer Dr. Kirby answer that question. I am a pediatrician. He is an internist.

Dr. KIRBY. Well, tetracyclines are still valuable in a number of instances. For example, for one kind of anaerobic bacteria called bacteroides, they are very specifically active. In certain of the less common types of venereal infections, such as lymphogranuloma venereum, they are specifically useful. And in a number of other less common diseases such as rickettsial infections, they have value. In treatment of peritonitis and generalized intestinal infections they are often, because of their coverage, useful. I would say there is no question that tetracyclines still play a very valuable role in therapy.

Senator NELSON. Thank you.

Dr. EICHENWALD. Thus, both components, tetracyclines and oleandomycin, of the most widely advertised and used combinations have been judged to be relatively highly toxic, and of very limited usefulness, at least in children.

I would not wish to end this statement without commenting on combinations which include an antimicrobial agent, as well as a variety of other drugs. One example of this type that might be cited is Tain, which consists of triacetyl-oleandomycin plus an aspirin-like compound, an oral nasal decongestant, and an antihistaminic drug. One might wonder why the manufacturer did not include vitamins, sex hormones, a contraceptive, and corticosteroids to cover all other eventualities.

Mr. GORDON. Dr. Eichenwald, was this one of the drugs reviewed by the drug efficacy panel?

Dr. EICHENWALD. Yes, this was reviewed by my panel.

There is no bacterial condition which I know of which requires the use of these various agents even when given singly. Secondly, I have already commented on the high toxicity of triacetyl-oleandomycin, and this fact, combined with its relative ineffectiveness, has led the panel to recommend its withdrawal from the market. Furthermore, combining four drugs, each with rather distinct pharmacologic properties to which there are considerable individual sensitivities in patients, greatly increases the overall risk of side effects. If the dosage of triacetyl-oleandomycin is increased for therapeutic reasons. There is a great risk of side effects from the other drugs. On the other hand,