the patient will be undertreated with triacetyl-oleandomycin if the dosage is reduced to avoid the side effects of the other compounds. Tain, along with other similar combinations represents an ineffectual, toxic, and totally illogical preparation.

I am citing Tain to bring to your attention the fact that antibiotics are not only combined with each other but also with other pharmacologically active ingredients. Occasionally, these situations are reduced to the point of utter absurdity when an antimicrobial agent, ineffective against the organisms producing the syndrome for which its use is recommended, is combined with a substance that is a placebo, devoid of any useful pharmacologic activity. An example of this situation is the combination of streptomycin with a kaolin-pectin material, resulting in a mixture recommended, and used, for the treatment of diarrhea. Streptomycin administered orally is not useful in the treatment of any bacterial diarrhea and the value of the kaolin-pectin material, while no doubt harmless, has, in my judgment, never been adequately established.

Senator NELSON. Is this combination administered orally?

Dr. EICHENWALD. Yes, sir; it is an oral combination.

Senator NELSON. Is streptomycin effective as a bacterial agent in diarrhea used parenterially?

Dr. EICHENWALD. No, sir. There is no type of bacterial diarrhea that is effectively dealt with by streptomycin.

Senator NELSON. So, neither the combination or ingredients combination is effective for this purpose?

Dr. EICHENWALD. That is right. However, this material enjoys relatively widespread use. The only thing one can say in its favor is that it is probably relatively innocuous, unless used for very prolonged periods of time, since the streptomycin is only poorly absorbed.

In this statement, I have interwoven my own opinions with those of panels of the National Research Council-National Academy of Sciences. This would appear to make little difference since our recommendations concerning the combinations were unanimous and thus, my own personal observations would correspond closely to those of the 29 other individuals knowledgeable in the field of infectious diseases and their treatment.

I would like to add to my statement that it has been stated in recent weeks by various individuals and various organizations that physicians who work in academic institutions are not qualified to assess the value of drugs because they "do not treat patients," but sit in an ivory tower.

This, of course, is nonsense. I, like other members of the academic community, am responsible for the treatment of more patients directly or indirectly than any practicing physician. Furthermore, the practicing physician obviously thinks that I know what I am doing since he asks me to take care of his own children whenever they get sick. I have also taken care of children of executives as well as line employees for the pharmaceutical houses. So, I do not think they believe their own statement.

I am sure the situation is true also for that of other academic physicians.

Finally, if a physician in an academic institution is unqualified to evaluate therapy, then he should not be teaching in medical schools.

Senator NELSON. Thank you, doctor.