

Dr. HEWITT. No; it really is meant to present first of all the composition of the panels and the principles upon which they came to their decision, and to present two types of format in which these evaluations appeared, namely, there is a somewhat different format for the penicillin-sulfonamide combinations and in the case of the penicillin-streptomycin combinations.

It was thought that the format in which these evaluations were normally organized might be of interest and importance to the profession.

And finally, they present general conclusions with regard to the use of antibiotic combinations without detailed reference to anyone.

Dr. Kunin made reference to one point having to do with the rational use of antibiotics as it is applied to laboratory diagnosis. And I have a few remarks I would like to make on that at the top of page 8.

The claims for most of the commercially available antibiotic combinations are exaggerated usually by implications related to the above poorly supported indications. Emphasis is placed on the concept that rational treatment based upon sophisticated laboratory methods is fine for urban practice and a medical center but more than a clinical diagnosis may be difficult in a less luxurious setting. Faced with this problem "broad-spectrum" coverage is desirable and the antibiotic combinations provide this. In actual fact, a reasonably accurate clinical diagnosis sufficient to decide the antibiotic of choice is usually possible and most of these combinations are employed for purposes which do not require combinations at all.

And by this I mean that there certainly are many instances of serious infections which require specific laboratory methods for diagnoses. But in the majority of the cases that the general practitioner, the community physician as well as the person who practices in a medical center, in the infections these people see generally speaking encounter, most of the time one can make an educated clinical guess. And it may not be necessary to do a lot of complicated laboratory tests. So that one cannot retire behind this requirement of laboratory testing to justify the necessity of antibiotic combinations.

The statements then appear at the bottom of page 8 which Dr. Kunin has already read really from the white paper. And states:

It was for these reasons—

Mr. DUFFY. If I may interrupt you, was there any substantial doubt in your mind, or in the minds of any of the members of the panel, at the commencement of your investigation of these drug combinations, that your conclusion would be otherwise than these statements?

Dr. HEWITT. Would you restate your question.

Mr. DUFFY. I would be happy to. Did you have any serious doubts at the commencement of your investigation, that your conclusions would be other than the conclusions that you state here?

Dr. HEWITT. No. I think they are up to date and current, there has been no additional evidence presented since the panel studied this problem. And I think they are quite current. And I have no reason—

Mr. DUFFY. I think I was addressing the question to the time of the commencement of your studies of this problem. Before you were empaneled, let's say, did you have any serious doubts that after you