various brand names not being confusion is relating to confusing to physicians. And I think that his point with regard to confusion of patients is probably a valid and important one.

Senator NELSON. Thank you very much for your very valuable testimony.

We will now hear from Dr. Wise.

Did you have a biographical sketch attached to your statement?

Dr. WISE. As to who I am?

Senator NELSON. We usually print whatever background and experience the doctor wishes to put in the record.

STATEMENT OF ROBERT I. WISE, M.D., PH. D., PROFESSOR OF MEDICINE AND CHAIRMAN, DEPARTMENT OF MEDICINE, JEFFERSON MEDICAL COLLEGE, PHILADELPHIA, PA.

Dr. WISE. I am sorry, I didn't attach one. I am the professor of medicine and head of the department of medicine at Jefferson Medical College. I have a doctor of philosophy degree in microbiology from the University of Illinois. I have an M.D. degree. I have served my fellowship training in the field of infectious diseases. I have been participating in research with bacteria and antibiotics since 1937.

Senator NELSON. And you also currently have a clinical practice?

Dr. WISE. I participate in practice. I am formerly the vice president of the section of internal medicine of AMA. And I might say that I am a representative to the AMA on scientific exhibits. I am responsible for the scientific exhibitions in internal medicine at the convention of the AMA. I have been active on the committee of the American College of Physicians on Advertising. And I am a member of the Greater Philadelphia Committee on Medical-Pharmaceutical Sciences which meets to discuss problems of pharmaceuticals, drugs, the FDA and medical education.

Senator NELSON. Thank you.

Dr. WISE. It is an honor to be invited to participate in the hearings before this distinguished committee.

I would like to state that the modern era of therapy of infectious diseases began in 1935 and the many antimicrobial agents developed since that time have provided a potentially curative armamentarium against infectious diseases considered incurable only 35 years ago.

This has been a fantastic development.

May I say as comment that in the beginning when an anti-infective agent is produced there is naturally an empirical evaluation. One has to try, not only in the test tube, but also in clinical problems, to determine the effectiveness of each one. And as the years have gone by, there has developed something more than empiricism, a specificity of relationship between a drug and the cause of each infectious disease.

Many factors influence the concepts and habits of physicians who treat infectious diseases. Medical students, interns and residents are taught principles in the diagnosis and management of these diseases. Representatives of pharmaceutical manufacturers discuss their companies' antimicrobial products with physicians. Medical journals publish reports of varying degrees of excellence on observations of the use of anti-infective agents; advertisements containing statements that