University School of Medicine. I am a member of the pharmacology department at the Louisiana State University, and teach pharmacology to undergraduate medical students. Incidentally, I have just completed my lectures and am correcting the examination papers now.

I have thus been interested in drugs all these years. My interest in drugs began in anesthesiology and broadened into pharmacology.

Anesthesiology actually is a branch of clinical pharmacology. We use the drugs we require in human beings who are sick. Because of this fascination in the action of these drugs, my interest in drugs has broadened as the years have gone by, so that I have expanded my interest in other aspects of drugs besides anesthetics.

In addition, there has been an expansion of the anesthesiologist's interest in the field of drugs, because multitudes of drugs that we use, caused at times, what we refer to as interactions. When you give two or three drugs you do not know what the combination is going to do. We have adverse reactions sometimes when two drugs are combined. A patient, for instance, may be getting a tranquilizer—chlorpromazine—that is well known, and when one gives him an anesthetic, his blood pressure disappears, and it is hard to restore it to normal with the usual drugs that restore blood pressure. We have learned about some of these various reactions and we are cataloging them as we learn more. We are using drugs in patients all the time and not in animals.

My experience in laboratory work with animals is confined to problems I cannot solve in human beings and studying them in the laboratory and not jeopardizing the patient to find out something I want to know. One area in which I have been interested is in the area of local anesthetics. These drugs can be lethal if they get into the bloodstream. We have done many studies in animals, and the results parallel pretty much those in human beings.

In addition to this experience with drugs I have been a member of the revision committee of the U.S. Pharmacopeia for the past 9 years. We are now in the process of proofreading the 1970 edition of the U.S. Pharmacopeia. I am a member of the Council on Drugs of the American Medical Association, and I have been chairman of this council for about 2½ years. And I am also a member of various pharmacological associations.

When the Kefauver-Harris amendments were enacted, Commissioner Larrick formulated a committee which was known as Modell's—Walter Modell of Cornell University—committee. I was on that committee, which was advisory to Mr. Larrick to help him implement this act. We met here once a month for about 2 years. After that period of time we requested that the committee be dissolved. We thought our mission had been completed, because they finally found what they had been searching for for quite some time, a medical director (Dr. Joseph Sadusk). But I remained on as a consultant.

When Dr. Goddard became commissioner, he finalized a number of committees. One of them is the committee on anesthetic and respiratory drugs. When we say respiratory drugs, we refer to those drugs used to stimulate respiration.

Sometimes when we give too much of an anesthetic, we may want to stimulate a patient to get him to breathe again. These drugs are also used for inhalation therapy for people with lung diseases. This