

committee meets periodically. I am chairman. It is consulted regularly by the Food and Drug Administration and is quite active. We met here (D.C.) last Monday (May 12). Some of the material, for which advice was sought, was on the recommendations of the NAS-NRC in this particular category of drugs.

Thus, I have been associated, more broadly, with drugs in the latter part of my life than I was in the beginning.

Most of my professional life has been devoted as an employee of the State of Louisiana. Before that I was at Bellevue Hospital, New York University. Charity Hospital in New Orleans is owned by the State of Louisiana. It is a teaching hospital. All the patients that we treat are indigent. In other words, they do not pay for the cost of their medical care, unless they happen to be emergency cases that are later found to be able to pay. But the majority are people who do not have the means for paying for their own medical care.

We have about 60,000 admissions a year to the hospital. It may have fallen in the last year or two, because we had to curtail beds due to the shortage of personnel. So as far as seeing patients is concerned, I have seen many, and have a wide clinical experience.

I am also engaged in the training of personnel to administer anesthetics. They fall in two categories. One is the physician group that are called anesthesiologists. But there not being enough physicians, and not enough in this particular specialty, we therefore have to resort to the use of nurses. We have a school for the training of nurses. One of the largest in the country. We have as many as 50 enrolled most of the time. Without these young ladies that we train it would be impossible to carry on surgery in our part of the country.

We were successful in having the Louisiana Legislature appropriate \$150,000 to initiate a school for the training of surgical technicians. This also comes under my purview.

That is my background. I would like to say that I am not here as the chairman of the Council on Drugs, though I will be happy to answer any questions along that line. I am not representing the AMA. I am here strictly as an individual physician with an opinion on drugs, and as a man who has been teaching the use of drugs, and has been investigating drugs.

Pharmaceutical firms sometimes approach me about investigating a new drug. If I am interested and have someone that can do it—I cannot do it myself, but I can have it done under my direction, I will agree to do it.

On page 5 of the statement that I have prepared I refer to generic names. To me this is a very important item, because if you teach pharmacology as I do, you will find it very difficult to teach material about a drug, to a doctor or prospective doctor, when you have three or four names for a drug.

Now, we have what we refer to as generic or given names. This is a name just like you are Gaylord Nelson and I am John Adriani. These are our names. I might have a nickname or an alias, but that is not my name. Brand names of drugs are aliases. I cannot see why we keep on using these aliases for drug's names.

Drugs, as far as I am concerned, are something that are vital to the health, of not only the Nation, but the whole world. They are an item