rather than having something which was not only no better but which was mixed with something that might even be harmful to me.

Now, if the drug companies were required to label the product with its true name to begin with—and the dentist prescribed by its true name—then explained to me, "Look, this is tetracycline, and here is what it does, and this is tetracycline with something else, and here is what it does," the probabilities are that I would have been using a drug more suitable to my problems, rather than just getting all those free samples.

Wouldn't you agree?

Dr. ADRIANI. That is right. You were getting a combination of two drugs, and probably all you needed was the tetracycline. There was no use in exposing you to two. These antibiotics all have hazardous effects. For instance, I have had a loss of hearing, a certain amount, from taking a drug called Kanamycin when I was real sick. Of course it probably did help; maybe it "pulled me through." But it is capable of injuring the nerves to the ear. There are several of these—the streptomycins that will produce deafness. We found out the hard way. We had to try it on some one to find out that they cause a loss of hearing.

All of these antibiotics have some adverse effect. For instance, erythromycin will produce yellow jaundice in some patients. Some of these injure the kidneys. There are a lot of things that we don't know about these drugs. And just dishing them out to people that really do not need them is not good. If you take these fixed combinations off the market, if you take Panalba away, the doctor can still use tetracycline and if he wants to add novobiocin it is still available.

A patient takes two capsules. In this way you give the man the dose of each drug he needs. There is no hardship in doing this. Instead, as in Panalba, the pharmaceutical manufacturer determines the dose instead of the physician.

Senator LONG. Thank you, Doctor.

Senator NELSON. Doctor, at the beginning of your statement you said you were not appearing here as a spokesman or as the chairman of the Council on Drugs for the AMA.

Dr. ADRIANI. No, I am not, I am appearing as an individual.

Senator NELSON. Do you wish to comment on this? Do you know whether the Council or the other members of the Council agree with your position respecting the labeling of drugs?

Dr. ADRIANI. Yes. The Council has gone on record recommending having drugs labeled when they are dispensed to patients, unless there is some medical reason why you don't want a patient to know what he is taking. I see very few instances where this might be the case.

The Council on Drugs also has for many years opposed the use of fixed ratio combinations, in other words, mixing two drugs together and selling them as is being done. We had a council meeting last Friday and Saturday in Chicago. The question of the NAS–NRC report about the fixed ratio combinations of antibiotics was discussed. This is the Council and not the department of drugs. We are advisory, I might point out, to the board of trustees. What position the AMA trustees will take about this I don't know. But I can tell you as chairman of the council that the council unanimously voted to uphold the NAS–NRC on fixed ratio on antibiotics.