They (the NAS–NRC) have 100 or so now that are open to question, and are deemed ineffective. Of course we (the council) have felt this way about all drugs. I feel this way. And I mentioned in my prepared statement a particular drug combination called Innovar which is a narcotic combined with a tranquilizer in a ratio of 50 to 1. How they arrived at this 50-to-1 ratio I don't know.

You have a simile in the statement. If you sell salt and pepper, you can mix both together, in a fixed ratio and all you need is one shaker. And this is the argument drug firms use. One capsule or pill. This is ridiculous, because some people like more salt and some more pepper. If you packed salt and pepper together and put it on the grocery shelf it wouldn't sell. Some might call it "piperosal" and say it is delicious, in a big ad. It might then appeal to somebody who might buy it. This is the essence of what you are doing when you mix two drugs together under a brand name.

When a practitioner in your father's time wrote a prescription, he would write down the ingredients in a certain ratio individualized for each patient. But he wrote the prescriptions.

When I took pharmacology we were also taught pharmacy, with it. We learned incompatibilities—which two drugs you could not mix together.

If one wanted to teach incompatibilities to medical students today how would one do it with this hodgepodge of names we have?

I have in my briefcase—and I showed it to you before the hearing—a list of fixed drug combinations used by the Federal agents in getting evidence for violations of the Drug Abuse Act. They are mostly barbiturates and amphetamines. I asked him for one when I testified in the State and Federal courts against a doctor who was selling amphetamines by the barrel to teenagers and truckdrivers. He said, "there are 4,000 individual items or combinations. How do you expect a revenue agent who does not know medicine to know 4,000 names?" He has to look at this list.

This business of using the real name for drugs also applies to mixtures. The label should indicate it is a mixture. One who looks at the label sees that it is a mixture. If he looks at what is now called Panalba he will say, this is tetracycline and novobiocin. Which one of these is better? Maybe I am sensitive to novobiocin? He may have had a reaction to it before. And he would know. But if he takes Panalba he would not know it if it were labeled with the trade name.

Senator NELSON. I understand, then, that the drug council supports the position of the National Research Council of the National Academy of Science.

Dr. ADRIANI. Oh, yes, unanimously. We made that recommendation and this will go to the board of the trustees.

Senator NELSON. But as of this date the board of trustees hasn't acted on it?

Dr. ADRIANI. I do not know when they will meet again or what they will do about it. But I asked specifically that it be published—we have the AMA News which goes to all physicians—in AMA News. We asked to put it in there so all doctors will know our position.

Senator LONG. That reminds me of the story I heard of a man that came back from South America and told about a dangerous drug he had come across down there.