Mr. GORDON. The hearings are recessed until next Tuesday, May 27. The room will be announced later.

(The complete prepared statement of Dr. Adriani follows:)

STATEMENT OF DR. JOHN ADRIANI, CHARITY HOSPITAL, NEW ORLEANS, LA.

Mr. Chairman and Members of the Committee, it certainly is a compliment to me, who is familiar with so little of the vast fund of available information on drugs, to be invited to appear before this committee. You do me honor by indicating that I may be of assistance to you. The accumulation of knowledge pertaining to drugs over the past several decades has been so phenomenal that no single individual, be he a practitioner of medicine, pharmacologist, pharmacist or other persons whose primary interest is drugs, can be expected to know all of the important details concerning all drugs available for use in the treatment of disease.

I preface my remarks to the committee with the statement that I am strongly biased in my views on matters pertaining to drugs and that my bias in this regard is one hundred percent pro-patient and only propatient.

BACKGROUND AND QUALIFICATIONS

I am John Adriani of New Orleans, Louisiana. I am a Doctor of Medicine who graduated from the College of Physicians and Surgeons of Columbia University in 1934. My speciality has been surgery, but my interests have been diversified since I began medical practice. I majored in chemistry before entering medical school and gave strong consideration to becoming a chemist and concentrating my interests in drug chemistry before I finally decided to study medicine. I also had training in physiology under the renowned Doctor Homer Smith at New York University. My contact with surgery made me aware of the woeful lack of knowledge of the action of anesthetics and the primitive methods of administering these drugs which existed in the early 1930's. The methods were nearly as primitive as they were in 1842 when ether was first introduced as an anesthetic.

Anesthetics are drugs which are used to carry a patient halfway to eternity and back. Obviously, these drugs are lethal and the responsibility of administering them is great. The science and specialty of anesthesiology has developed as a result of the recognition by a few physicians three decades ago of the importance of the actions of these drugs and of the knowledge of their proper administration.

An anesthesiologist is one who uses and studies pain relieveing drugs in patients. An anesthesiologist must also posses broad knowledge in matters pertaingin to other types of drugs because the speciality encompasses the use of drugs which are either antagonists and overcome the effects of anesthetics or are used as adjuncts to augment the effects of anesthetics. In addition, some drugs are used prophylactically to prevent unanticipated and unwanted side effects. Another point of importance is that patients who require anesthesia often are taking drugs prescribed by personal physicians, internists, and other specialists to treat diseases not directly related to the surgical disease for which they are hospitalized. An example would be the use of digitalis in a patient to treat existing heart disease, reserpine for the treatment of the high blood pressure which caused the heart to decompensate, a diuretic, which facilitates the elimination of salt and prevents accumulation of water in the tissues, quinidine to make the pulse regular, a tranquilizer to prevent excitement and apprehension, a vasodilator to prevent anginal pain. an anticoagulant to prevent clotting in the vessels of the heart and brain, and insulin to control diabetes. It is not uncommon to find a patient who needs an operation having all these conditions and receiving all these drugs. How these drugs interact with those prescribed by the anesthesiologist and surgeon is a matter of great importance. Little is known about many drug interactions and the subject is now becoming one of intensive study.

The anesthesiologist is, in essence, a clinical pharmacologist who is knowledgeable in the behavior of many drugs. He is familiar with their use in human beings who are ill and who are under treatment. His knowledge of drugs stems from their actual use in patients and not merely from information gathered in studies from normal human volunteers or from animals.