My experience in matters pertaining to drugs has been quite diverse, encompassing research in pharmacology, testing of new drugs, the teaching of pharmacology for over thirty years to undergraduate medical, dental, and post-doctoral students. In addition, I am engaged in the training of nurses to administer anesthetics, gases and mists for treating pulmonary (lung) diseases.

I have been a member of the Council on Drugs of the American Medical Association for six years and Chairman from the latter half of 1967 to date. I have been a member of the Revision Committee of the U.S. Pharmacopeia for the past nine years and was a member of the panel on anesthetics of the Subcommittee on Scope of the U.S.P. ten years before I was made a member of the Revision Committee. I have been a consultant to the Food and Drug Administration since 1963 when the Kefauver-Harris Amendment was first implemented. I am now also Chairman of the Advisory Committee to the FDA on Anesthetic and Respiratory Drugs.

For the past nine years I have been Associate Director at Charity Hospital of New Orleans, Louisiana, in which capacity I have gained considerable insight into the budgetary problems concerning the care of the sick and the cost of medical supplies, particularly drugs. I have also been a member of the Pharmacy and Therapeutics Committee of Charity Hospital, serving in the capacity of pharmacologist.

My entire professional life as a physician has been devoted as a salaried employee in tax-supported institutions (Bellevue Hospital, New York, and Charity Hospital, New Orleans) in caring for those unable to finance their own cost of medical care. I have no private practice except occasional consultations, testifying as an expert in medicolegal matters, or the treatment of special cases referred to me for problems pertaining to pain. I submit this résumé of my activities to you and to your committee, Mr. Chairman, to apprise you of the areas of my interest and experience and background in matters pertaining to drugs.

TOPICS REQUESTED TO BE DISCUSSED

I am appearing by invitation as an individual physician, representing no organization or institution. My statements reflect my own thinking and opinions and are not to be construed as reflecting opinions of any organization or institution with which I am associated. I have been asked to express any general views I may have on drugs, but specifically to comment on antibiotic combinations, antibiotic overuse, and particularly the overuse of Chloramphenicol.

GENERIC NAMING

The problems of drug utilization and prescription methods are complex and are increasing in complexity as the number of drugs introduced into therapeutics increases. The situation can now be described as nearly chaotic. No semblance of order can be made of the existing chaos until all drugs and combinations thereof are designated by given, common, or generic names and not by proprietary, or brand names. Proprietary or brand names are, in essence, aliases. An alias, no matter how used, tends to confuse or to be deceptive. An alias is intended to conceal the true identity of whatever or whomever is being designated by an alias. The use of brand names for drugs serves no constructive purpose; on the contrary, the practice hampers rational drug utilization, rational prescribing and dissemination of drug information. Brand names should be abolished. The public's best interests will not be served until this is done.

It is a function of the government to do for the people what the people cannot do for themselves. No private group or scientific organization possesses the capability or is empowered to institute reforms in drug nomenclature which are so sorely needed. Obviously, then, this is something that the people cannot do for themselves. Government, therefore, must intervene and act in the public's behalf. The record of the U.S. Government in assuring the public that food products supplied to a consumer are pure and properly labelled is commendable and is known to all. The citizens of no other nation on earth have the assurance that food products which enter interstate commerce are safe, as does the citizenry of this nation. Foods are dispensed by their given names and not by aliases. The brand and the name of the vendor or producer is inscribed on the dispensing container to permit the consumer to purchase the commodity of his choice and preference. It is difficult to understand why drugs, which are equally as important, if not more important than food, to the health of a nation and well-