COMPLEXITY OF GENERIC NAMES

The greatest objection and difficulty that one will encounter in attempting to establish uniform nomenclature of drugs will be the complexity of some of the generic names which have been assigned to drugs. This is a matter that will have to be resolved with time. Some names undoubtedly will have to be simplified. Chlorpheniramine, mentioned in the description of Coricidin, is a name that borders on the complex side. There is a tendency among physicians to abbreviate names or use "nicknames." For instance, cyclopropane is usually referred to as "cyclo" by anesthetists. Muscle relaxants are facetiously referred to as "arrow poisons." In the case of the muscle relaxants, for example, Decamethonium is the generic name for Syncurine and Succinylcholine is the generic name for Anectine or Sucostrin. Tubocurarine is a non-patented generic name for Curare and should be retained. These generic names are not difficult to pronounce or spell.

The purpose, Mr. Chairman, in my recommending that the chemical names be included on the package and in the other types of labelling is that one wishing to know the chemistry would have it available. The United States Adopted Names, a committee composed of members of the U.S.P., N.F., Council on Drugs of the AMA, and the FDA, now attempts to incorporate in the name an indication of the chemical nature of the drug. If it were known that the chemical names are required on the labelling, perhaps the USAN would be more inclined to adopt the simpler names and not attempt to follow a chemical type of nomenclature.

LICENSING SYSTEMS

A code of good manufacturing practices and other criteria with a licensing system and registration for all individual pharmaceutical products is essential. All drugs would then meet the same standards. This, of course, would be imposing the same requirements on all firms manufacturing drugs equally and would do much to solve the problem and obviate the objection which allegedly exists that some drugs are chemically equivalent but not biologically equivalent. This is not an impossible problem to resolve.

FIXED RATIO COMBINATIONS

Physicians have, for years and years, used drug combinations. They will continue to use drug combinations in the future. I see no end to this practice. It is reasonable and logical in some cases. There is a difference, Mr. Chairman, between *combinations* and *fixed ratio combinations*. Combinations are essential and not necessarily objectionable. However, there are objections to the use of *fixed ratio combinations* because no two individuals respond in the same manner to a given drug. The argument advanced in the use of *fixed ratio combinations* is that a patient then would receive all the medication in one tablet, capsule or teaspoonful of solution or injection. The use of *fixed ratio combination* is as logical as selling combinations of salt and pepper in fixed proportions. I am sure that if pepper were combined with salt in a fixed ratio and sold on the premise that one would require only one shaker on the table instead of two the product would have limited sale. Individual tastes vary; some people would like more salt and less pepper and vice versa.

The same principle applies to drugs in combinations of fixed ratio, particularly when they are dissimilar chemically or therapeutically. I have in mind a particular fixed ratio combination which has been recently introduced on the market under the brand name of Innovar. This is a mixture of a new narcotic of great potency, Fentanyl, and a new "tranquilizer," Droperidol. The narcotic causes rigidity of the muscles and interferes with respiration. The tranquilizer has the capability of paralyzing the nerves supplying the blood vessels and causing a fall in blood pressure. The combination is packaged in a ratio of fifty parts of the tranquilizer to one part of the narcotic. When this combination is used, certain individuals overreact to the narcotic while others overreact to the tranquilizer. Such a mixture of fixed proportions is illogical. It has been promoted and, because of its newness, detailed information of its pharmacologic properties is lacking or it has not as yet drifted down to the practicing physician through the normal and unbiased drug information channels; that is, from physicians who actually are familiar with the drug and recognize its side effects. When an N.D.A. of a new product of this sort is approved by the FDA, the "detail men" are the first to acquaint the physician with the product. The package insert, in these