cases, provides all of the required available information but this is not sufficient because in many cases the drug has been tested by individuals whom we facetiously refer to as "testimonial writers." Seasoned researchers are not interested in testing drugs in the manner proposed by a sponsoring manufacturer. The data on the N.D.A. applications is not always obtained from research of the highest quality. Side actions and other adverse effects often remain virtually unknown until a drug is subjected to widespread general use or is studied carefully by seasoned researchers. When a drug is first introduced, we are not fully aware of its actual usefulness and limitations. It is only with time and sad experiences that a drug finds its proper niche in therapeutics.

ANTIBIOTIC FIXED RATIO COMBINATIONS

Some fixed ratio combinations of antibiotics and chemotherapeutic agents available on the market are deemed ineffective in certain cases, from data studied by the Review Committee of the NAS–NRC. Inasmuch as the physicians and other scientists on these committees are knowledgeable in their fields and not biased. I would accept their recommendations. In instances where they say that a fixed ratio combination is not effective, this combination should be withdrawn from the market unless supplementary data of proof of efficacy is supplied by a manufacturer. Withdrawal of mixed ratio combinations of these types does not hamper the physician from using combinations. A physician will still be able to prescribe two or three drugs in quantities to suit an individual patient. Antibiotics and chemotherapeutic drugs are far from innocuous drugs. Each type is capable of producing sensitization, kidney, liver, and in some cases nerve damage. Where fixed ratio combinations are used, only one ingredient may be effective but the amount in the mixture is insufficient. The physician may increase the dose if the response is good but not as great as anticipated. It is thus possible for the amount of the ineffective agent to be increased above the toxic level and cause harm to a patient.

CHLORAMPHENICOL

I have been asked to comment on the use of Chloramphenicol (Chloromycetin). Chloramphenicol is a valuable drug and certainly nothing should be done to curtail the intelligent use of the drug by knowledgeable physicians in instances in which it is indicated. It not only would be difficult to legislate when a physician should or should not use Chloramphenicol, but such a step would be ill advised. There is no doubt that there has been and probably still is some abuse of the drug. This appears to be decreasing. There are, however, other drugs in other categories that are equally as hazardous as Chloramphenicol but in other ways. They, too, are used thoughtlessly and indiscriminately in certain cases.

PHARMACY AND THERAPEUTICS COMMITTEES

The hospital pharmacy and therapeutics committees required by the Joint Commission on Accreditation of Hospitals in accredited hospitals could manage the problem of proper drug usage quite effectively. These committees, however, should be strengthened and be more active than they now are. Their scope should be broadened to include the reporting, not only of adverse reactions, but a review of a drug utilization and promotion of drug education to the hospital visiting staff. The premise upon which the Joint Commission for the Accreditation of Hospitals bases its requirements of accreditation, as far as the medical and surgical visiting staff is concerned, is that the visiting staff governs itself. The philosophy that the staff governs itself can be workable. It is effective in certain, but not all, hospitals, Tissue committees are quite effective in most hospitals in preventing unnecessary surgery. Utilization review committees which review duration of patient stay and hospitalization likewise have been effective; therefore, the same principle could be applied to drug utilization. The pharmacy and therapeutics committee could challenge a physician for using a drug such as Chloramphenicol in situations where it was not indicated or for administering the drug without performing the proper bacteriologic and sensitivity studies. Legislation is not the answer to this problem. The solution must be by education and self-regulation by the medical profession. The use of drugs presenting hazards similar to Chloramphenicol could be "policed" in a similar manner.