

Senator NELSON. Does the blood level in any one of these circumstances make any difference in terms of the treatment?

Dr. LEY. It does make a difference in terms of treatment. Our knowledge of the exact relationship of a blood level to a cure in the disease process is very elementary today. But we do know that a product that is introduced should produce a blood level within a certain range of levels. So that the objective with any one of these tetracycline materials is to tailor the dose to the patient to achieve blood levels within a certain range. And this is a very important part in the manufacturers' establishment of the proper dose of the product for a patient in the investigational phases.

Senator NELSON. But then each individual manufacturer would provide his own instructions as to what dosage to prescribe; is that correct?

Dr. LEY. That is correct.

Senator NELSON. And there aren't any clinical studies, did I understand you to say, that would prove that one particular blood level achieved by one brand product was any different in its effect from the drug level achieved at a particular time by another product; is that correct?

Dr. LEY. As long as the blood levels are roughly comparable there is no difference in clinical response.

Senator NELSON. Please continue.

Dr. LEY. Other antibiotics also became available in this period of postwar discovery—chloramphenicol, which has been the subject of discussion in this committee in past hearings, erythromycin, the cephalosporin, oleandomycin, triacetyloleandomycin, neomycin, paromomycin, kanamycin, polymixin-B, colistin, bacitracin, lincomycin, and many others.

Senator NELSON. These hearings have covered the area, not completely, but fairly extensively, of the promotion of the use of drugs either by detail men, by literature, directives sent to doctors, or by advertising in the medical press and the medical journals.

And the question has been raised here a number of times by witnesses and by me about the nature and the character of the promotion used by the drug companies.

I think this is the appropriate place in the record to insert a rather disgraceful example of the promotion of drugs. I have a letter from the Veterans' Administration hospital at Madison, Wis., from Dr. William R. Merchant—whom I do not know—who is director:

DEAR SENATOR NELSON: Knowing of your interest in the price of drugs I thought that the enclosed advertisement might be of interest. This is one of the most brazen unethical forms of advertisement that I have seen carried out by a pharmaceutical company. In my role as the director of the Veterans Administration Hospital I would not accept such a remuneration, but in talking with my other colleagues we agreed that this would be highly unethical for a private physician. I share with you the feeling and wish that this kind of expenditure would be taken off the price of drugs. I have returned the original check to the company, and enclose a copy of the letter that I wrote to Mr. Wimbley of the Marketing Research Department. Also enclosed are Xerox copies of both sides of the check.

I would like to take this opportunity to thank you for the support you have given the Madison Veterans Hospital. And if there is any way we can be of service I hope you will call upon us.