Dr. LEY. These are testimonials. There was nothing in the way of a considered judgment, or substantial evidence, or even a summary of the clinical trial in the letters on Panalba. From our point of view, they are not substantial evidence as required by law.

Mr. GORDON. Was there any similarity in wording among the letters?

Dr. LEY. Yes, there was. We noted in both the Panalba and the Mysteclin situation that many letters followed roughly the same wording. Even paragraphs were identical in letters coming from institutions that were not necessarily close together. There appeared to be something that made the letters very similar.

Finally, we received a handwritten note on a letter which a physician had received from the firm requesting that the physician write to FDA. It then became apparent that the firms had been active in stimulating the response.

Mr. GORDON. Would you supply for the record a rather large random sample of the letters?

Dr. LEY. Yes, we can. The staff has analyzed these geographically, and we have some samples of both positive and negative reactions that can be made available for the record.

(The complete prepared statement and supplemental information submitted by Dr. Ley follow:)

STATEMENT OF HERBERT L. LEY, JR., M.D.

Mr. Chairman, we welcome this opportunity to join in the discussion, which was started before this Committee three weeks ago, about combination antibiotic drugs, the review of their effectiveness by the National Academy of Sciences-National Research Council Drug Efficacy Study Group, and the follow-up steps that FDA is required to take to remove these products from the prescription drug market.

Let me begin with two general observations: First, we are most fortunate to have had the assistance in the effectiveness review of medical scientists of the stature of the witnesses who appeared before this Committee earlier. These five panel chairmen, as I'm sure the Committee noted, are not cloistered academicians aloof from the realities of treating infectious diseases. To the contrary, they have been and are now working at the frontiers of the treatment of the most complicated of infectious diseases. Their contributions, which led to their selection as panel chairmen by the NAS/NRC, clearly establish their excellent qualifications to make efficacy judgments for this class of drugs.

Second, we cannot overemphasize the importance of the drug efficacy review in terms of better patient care. The implementation of the panel recommendations with respect to the combination antibiotic drugs will not only eliminate some unnecessary risks in therapy, but will help to return antibiotic treatment to the realm of rational therapeutics.

Specfic treatment for bacterial infections was not available to the physicians until the late 1930s, when the sulfonamides were first introduced. Before that, only bed rest, cold compresses, and similar palliatives were available to deal with even infectious diseases.

The sulfonamide drugs of the 30's were the first effective chemotherapeutic agents employed systematically for the prevention and cure of a variety of bacterial infections in man.

Numerous derivatives of sulfonamides were synthesized and tested for their clinical value in various bacterial, protozoal, and viral diseases. Sulfapyridine produced dramatic results in pneumococcal pneumonia and, for a brief period, it was the agent of choice in this disease. In 1938, sulfathiazole replaced sulfapyridine as the preferred sulfonamide because of its higher therapeutic index. Sulfadiazine soon replaced sulfathiazole and has retained a prominent position among the sulfonamides ever since. Two methylated derivatives of sulfadiazine were soon introduced into therapy.