per, Dr. Gordon Meiklejohn, Dr. Lowell A. Rantz, and Dr. Paul S. Rhoads. The editorial states:

> There are no data or experience which would justify the employment of any mixed combination of two antibiotics in a single ampule or single capsule or tablet for systemic use. It is our firm conviction that promotion or sale of such combination should be discouraged until or unless adequate data from controlled investigation justifies its practice, and then only with respect to definite combinations for specific purposes.

That was in 1957. In 1968 the National Research Council of the National Academy of Sciences recommended we remove from the marketplace all mixed combinations of anti-infectives. The experts, as far back as 1957, were discouraging the use of mixed combinations, and yet the Veterans' Administration all through those years purchased it.

Then even after the NAS–NRC recommended their removal from the marketplace, including Panalba, it was purchased by the Veterans' Administration—3 months after it was recommended for removal from the marketplace. There have been no studies to prove that it was effective as a fixed combination, and that is why it was removed.

If you have a formulary committee of medical experts, why would that be bought?

Dr. WELLS. This I think is really a classical example of our whole problem, Mr. Chairman. Indeed, at least two people who were on that committee that you named there have been or were with our special medical advisory committee to the Veterans' Administration.

Here was a combination antibiotic that practically the entire medical profession at one time fell into believing that it was better. Our doctors were not different from the doctors elsewhere.

Senator NELSON. Starting with Dr. Dowling as early as 1957, the best of the clinicians who were acquainted with the drug were simply saying you should not——

Dr. WELLS. That is right, but despite that, that is why I say this is the classical example of our problem, despite that the drug continued to be sold at a fairly high level and was, indeed, that pharmaceutical manufacturer's leading drug for even some years after it was known generally by the best people and the best advice that it was not effective as a combination drug.

So there was a lag there in control until it was pulled off the market, and I think this is exactly the problem we are up against when our advisors know, we know that something is not the ideal drug at the ideal price, and still there is the traditional lag, an inertia in the system which takes us quite a little time to catch up with, and that is what happened in this particular case, that it was being used quite widely throughout the country, not only in VA.

Mr. JOHNSON. Senator, I think it has to be reiterated here that within the Agency there is strong control and direction made upon our own physicians through this series of committees, but that there is less control, and perhaps there are suggestions on how it could be exercised without infringing upon the professionalism of outside doctors who treat our veterans but within, and I reiterate again, within the agency I believe we are exercising strong control and direction on the use of these drugs.