DIFFICULTIES ABOUT DRUGS

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The late Dr. Alonzo J. Shadman used to mark a useful distinction. He would point out that a drug does harm but a medicine does good. He would rebel against saying "drug" when meaning a homœopathic medicine. He would explain that a drug may be made into a medicine by potentization—just as anything can. He felt that if this distinction had been generally realized there would be no trouble about drugs and drug manufacturers.

But trouble there is, according to current discussion, and it takes up nearly all of the department of medicine in *Time* for August 4. Trouble there has been for these many generations, but the news is that, as everyone knows, this trouble is engaging the Antitrust and Monopoly Committee of the United States Senate under the Chairmanship of Senator Estes Kefauver. *Time* introduces the story by saying:

"Some drugs widely prescribed by reputable physicians are worthless. Others have hidden dangers about which doctors are not told enough. Some are inadequately tested in animals before being marketed, so that human patients serve, in effect, as guinea pigs to find out whether they are safe or not. A drug may be so costly, especially if it is a patented, monopoly item, that a patient's drug bill for a single illness can run to thousands of dollars. Almost any drug costs far more if it is prescribed by trade name instead of the generic chemical name."

If *Time* believes statements like these, it might find it hard to say why *Time* so stoutly portrays prevailing medicine as scientific and so completely bars anything at variance with it; for these opening statements about drugs would appear sufficient to demolish the entire structure.

But as the story unfolds, Senator Kefauver heard a variety of testimony that he accepted as professionally expert. Dr. Hugh H. Hussey, Jr., Dean of the Georgetown University School of Medicine, not by any means a homœopath, came quite close to homœopathic thinking when he pointed out that a drug which seems to work well for one patient may be useless for another, though both may have what he would diagnose as the same illness. He drew from that fact the conclusion that "only the individual physician treating the individual patient can determine efficacy in each case." Not being a homœopath, he did not explain how the suitability of a remedy may be determined scientifically beforehand by the homœopathic method of proving, and could not explain the homœopathic Law of Similars for choosing on a scientific basis the remedy curative for the case. Instead, he went on to remark that he thought it less harmful to market a drug that is relatively useless than to bar one that in some individual case might prove life-saving.

Dr. Charles D. May, a member of the Council on Drugs of the Ameri-

can Medical Association, disagreed. He thought that the individual doctor cannot evaluate the usefulness of any one drug, for if that had been the case doctors would not have gone on for so many years prescribing leeches. Also he thought that "hectic" promotion of unwarranted drugs subjects patients to illogical and excessive use of drugs. Not being a homœopath either, Dr. May had nothing to say as to the observation of the case in progress to determine homœopathically whether the selection of the remedy had been correct, or that there are scientific directional signals by which the physician who knows how may be guided.

Harvard's Dr. Maxwell Finland testified that in his opinion the result of leaving the individual physician to determine the efficacy of a drug would be to invite drug manufacturers to dump on the profession all kinds of good and bad products and to make judgements at the expense and at the peril of the patients. With 200,000 physicians and all their patients, it would add up to untold harm.

John Hopkins' Dr. Louis Lasagna said that manufacturers offer drugs to investigators that have had little testing in animals, and he thought it reprehensible for man to become the first experimental animal. Like the other witnesses before the Kefauver Committee, not understanding Homœopathy he had no way of stating that animal testing is just the wrong way to test a drug, just as testing on the sick is the wrong way. These common mistakes go far to account for the disappointments and surprises that go regularly with every-drug commercially introduced, so that none of them turn out precisely as expected and drugs are dropped and replaced after short and shaky careers.

The Director of Montefiore Hospital in the Bronx is quoted the most extensively in the *Time story*. Dr. Martin Cherkasky cited the *Journal of the American Medical Association*, March 5, 1960, in which Dr. Lawson Wilkins documents 36 cases of girl babies whose mothers were treated in early pregnancy with a synthetic hormone designed to decrease the chance of spontaneous abortion, and the babies were so masculinized that they would have been brought up as boys. He said that Parke, Davis & Co. marketed this synthetic hormone as Norlutin, and for months after the Wilkins report appeared the *Journal* kept on advertising the drug without a word of warning.

Dr. Cherkasky went on to say that in this hospital was a diabetic who had a blood infection, whose stay was 61 days, and whose bill for drugs alone added up to $3,127. Most of this, he said, was for one drug, produced under a patent monopoly, by one manufacturer. He said another patient had a heart-valve infection and his bill for drugs came to $1,800. He said that a steroid of the cortisone group is list-priced under a brand name at $170 per hundred tablets, and his hospital can buy it at $11.50. He said a sedative list-priced at $16.20 under a brand name can be bought by the hospital under the generic name for $3.50. The generic name, he said, brings

a sulfa derivative at $7.00 which is list-priced by brand name at $53.52. He closes his citations by saying that if the hospital could buy by generic name on competitive bidding it could save 40% of the $315,000 it pays annually for drugs.

When a remedy is potentized and homœopathically proven it is ready for administration to the sick, and only then. Testimony on that point has not reached the Antitrust and Monopoly Committee of the United States Senate. Neither has the Committee heard that the cost for remedies so prepared and proven is too small to be a separate item with either the physician or the hospital. If the advantages of Homœopathy were general, the Committee would have no need to sit and hear testimony about deceptive branding or about financial grafting. Part of the drug business, and no small part, comes from the perpetual changes and substitutions arising from the fact that drugs commercially marketed to the profession and to the patients never perform as first advertised and are never devoid of side effects often unexpected and always undesired.

As this sort of information has failed to reach the Kefauver committee, so has it failed to permeate the medical schools or enter the minds of the students. By a censorship that does not itself possess this information, it is barred from communication and from schooling. More than the medical profession itself, those in training to become physicians, patients who come to medicine to be helped, and the public at large, all are cheated if not substantially deceived, and the health and the stamina of the nation is sapped.

The hope of the future lies in those devoted to scientific experimental truth, whose sharpness has led them to see something of it, who at their own risk and expense willingly carry it forward. Though deprived of space and time on the channels of communication, they spend their own time, their own sweat and their own money that what they know is needed shall not be lost.

—The Layman Speaks, Sept., '61