hurt the publishing operation, for instance, by several hundred thousand dollars.

The APA was founded a few months ago at the University of Maryland. It now claims 500 members in 30 states.

While APA concentrates on bread and butter concerns, general social, philosophical and political interests are covered by SESPA. This group was founded at the APS meeting in New York in January 1969 (SN: 2/22/69, p. 185) when it became clear that the establishment had successfully beaten back a move to change the APS constitution so the society could take political stands.

The presence of SESPA agitators is now an expected feature of APS meetings. At the Washington meeting technical sessions were invaded by pickets when members of military laboratories were scheduled to speak, and there was a march on the Pentagon though only a few dozen participated.

One of SESPA's aims is a kind of research worker's teetotalism. It sponsors a pledge not to participate in military research, and its ultimate hope is to persuade all the people covered by its title to subscribe. It was gaining adherents at the Washngton meeting, but not at any landslide rate. □

DRUG RECALL

Making identification easier

In the long-standing debate among politicians, drug manufacturers and physicians over generic versus brand-name drugs, the latter two groups have so far managed to defeat proposals that the Government finance the purchase of only low-cost generics under assistance programs. But the proponents of generic drugs may be making a small inroad as an offshoot of an effort to make the Food and Drug Administration's job easier.

Both Sen. Gaylord Nelson (D-Wis.) and Sen. Peter Dominick (R-Colo.) have proposed legislation to alter the current regulations for drug-labeling. Hearings before the Senate Health Subcommittee have been held, and a formal subcommittee version, combining features of each bill, is expected by the end of summer, drawing support—or at least the absence of active opposition—from all sides.

The immediate intent of the legislation is to deal with the problems the Food and Drug Administration has in recalling batches of drugs from the market when manufacturing imperfections are detected, or in removing a drug because it is judged to constitute a health hazard.

In 1969, the FDA had 700 drug-recall campaigns. Those drugs that are manufactured, packaged and distributed by the same company are relatively easy to track down on pharmacists' shelves. But often at least one of those three steps in drug marketing is handled by a second company, which may be the only one identified on the drug label seen by pharmacists. This complicates the recall process considerably.

To eliminate confusion and delay, the subcommittee will propose that each tablet or capsule be marked with a code identifying manufacturer, drug and dosage. Neither the Pharmaceutical Manufacturer Association nor the American Medical Association has voiced opposition to the idea, though there is concern over the cost small drug houses will have to face in purchasing coding machines. A member of Nelson's staff predicts, on the basis of discussions with industry representatives, that this will not be an insuperable problem.

The Nixon Administration supports the idea. Testifying before the subcommittee, Dr. Roger O. Egeberg, Assistant Secretary for Health and Scientific Affairs in the Department of Health, Education and Welfare said, "This critical process (of drug recall) could be both speeded and made more thorough if it were possible for the FDA to know at once by means of a code the exact source of a drug found on inspection to be substandard, misbranded or adulterated."

If the legislation passes, an index to the code stamped on capsules and tablets will be distributed to hospitals, pharmacists and to poison-control centers that need to know the exact identity of drugs in cases of overdosing.

The second aspect of drug identification comes up against the question of generic versus brand. It involves information that will go directly on the prescription label. Nelson's bill would require pharmacists to place the generic name of each drug on the prescription label; it makes no reference to brand names. Dominick wants the product's brand name included unless the prescribing physician specifically indicates it should be left off. In all likelihood, the new legislation will require generic identification and make brand-name labeling optional. Again, PMA and AMA representatives testifying before the subcommittee voiced no strong objections to the plan.

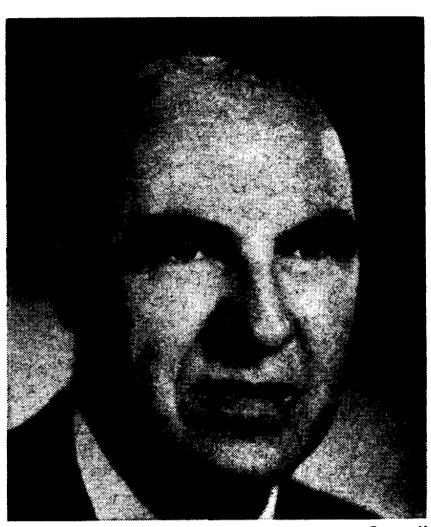
It is unlikely that these changes in drug-labeling will have any immediate impact on the question of whether patients, and the Government buying drugs for indigents, should purchase low-cost generics instead of more costly brand-name drugs. However, their long-range impact could be significant as individuals become more aware of their ability to compare products and prices by careful reading of the labels. □

NAS

Confronting change

NAS/Paul Conklin

Handler: A need to restructure.



Cornell

Long: Create four sub-academies.

The National Academy of Sciences is an honorary association of 870 of the nation's most eminent scientists. Despite its statutory function as adviser to the Government, its annual business meetings are not noted for rising above routine internal housekeeping. One of their more important functions is the election of new members.

During the last four years, it is true, there has been a painful need to cope sensitively with the resolutions of Dr. William Shockley on race and intelligence, but that controversy has hardly penetrated to the heart of what the Academy is and what it does.

This year, though, members found themselves debating something more basic to the nature of the institution: a proposal for the most fundamental reorganization of the Academy since