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**COVER:** Herpetologists aren't quite sure where the loggerhead hatchling goes when it leaves its nest. New research on this mystery, in addition to a recent compilation of sea turtle nesting-distribution maps, is aimed not only at satisfying scientific curiosity, but also at gathering data useful for turtle conservation efforts. See pages 215 and 217. (Photo: Hilburn O. Hillestead/Univ. of Georgia)

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# LETTERS

**Less than effective: Or are they?**

Your article "Drugs That Don't Work" (SN: 2/7/81, p. 92) and the referenced book, *Pills That Don't Work*, arrived in the same mail and after reading both, two facts come to mind. First, that no two people react to drugs, and much of anything else, identically, except by accident, and second, whatever groups are involved, whether the FDA or Nader's gadflies, the main emphasis is negative rather than positive.

For example, Nader successfully killed the Corvair but offered nothing constructive and though perhaps the national economy was largely responsible for the trend to smaller cars, the current big three offerings offer no more safety than did the Corvair. In the drug field, the FDA has made some weak efforts to downgrade Darvon, a popular painkiller which helps many when other drugs are less effective, and holds back GH3, a well-known anti-aging drug, used for many years in Europe, with a remarkable absence of side effects.

Perhaps Darvon does not help Ralph Nader and the FDA guinea pigs and perhaps none of these will ever grow old, but it seems like there has been entirely too much downgrading and complaining.

Ralph and his gadflies would do better prying some of the drugs that have been proven effective out of the FDA rather than trying to be all things to all people in a world where the best he can expect is averages. GH3 is a typical example.

*Bob Forman  
Monmouth, Ill.*

Your cover feature on "less than effective drugs" is attacking a very complex problem with the simplistic answer: *Don't* (use a less than effective drug). Most of the drugs you list are for symptoms that have no effective drug—or we would use it. Shall we tell our patient to suffer in silence? Or go to Mexico as many are for charlatan treatment of incurable disease?

I would be interested in another simplistic problem: What is the yearly sales in the United States of "health food" products and what are their proven effectiveness?

*Robert Brown, M.D.  
Casper, Wyo.*

Janet Raloff's article, "Drugs That Don't Work," highlights a significant problem about drug prescribing and drug evaluation. There is no drug, to my knowledge, to which all users can respond in the same manner. In some cases individual variability of response to a particular drug is so high that the physician can best ascertain its effectiveness for an individual patient by trying it. For example, Propoxyphene (Darvon, in its several combinations) has at least three responses: (a) effective analgesia, (b) lethargy with mental confusion, but with little or no analgesia, and (c) minimal or no response. For the people who do respond well, this is a highly effective drug. For the others, user dissatisfaction tends to be a highly effective control against further use. Because of this variability, several drug manufacturers are now giving reports on both drug effectiveness and drug side effects in terms of the percentage of

people responding in a given manner. At the best, this requires the physician to evaluate the probable usefulness of a particular drug in terms of his knowledge about his own patient. The simplistic judgment of "effective" vs. "non-effective" would seem further to encourage the practice of "cookbook medicine," the prescribing of medication according to rote for a particular ailment rather than for the needs of the patient involved. I would certainly recommend this "percentage" approach to the FDA and its several evaluating panels.

The placebo effect also applies here, a principle which we do not yet fully understand. However, we do know that the prescription of a well-known drug, even with a low effectiveness rating, can produce highly satisfactory results in the hands of a skillful physician. It should not be overlooked that word of mouth witness along with public advertising can do much to enhance the placebo value of many drugs with varying degrees of specificity. I can certainly agree that a number of these drugs with a low order of specific effectiveness might well give way to placebos with a lower price; but I have strong misgivings about any program which seeks to "sweep the market clean" of so-called "less than effective" drugs, since every physician with any substantial amount of experience has a number of uses for each of several familiar drugs which can bring about highly effective results in his hands.

I feel that there is a distinct difference between a regulatory function that seeks to remove potentially harmful drugs from the market in contrast with a "big brother" type of program which makes such a specious promise that "a doctor will soon be able to prescribe any drug with assurance that it is safe and effective." I strongly challenge that statement on its own merits, and submit that this type of naivete can lead eventually to harsh and potentially dangerous controls.

*James S. May, M.D.  
Dallas, Tex.*

The FDA is increasingly coming under fire—from physicians, economists, and journalists (e.g., "60 Minutes")—for its insanely conservative licensing procedures which keep lifesaving and life enhancing therapeutic substances off the market in this country for years or even decades; yet there is not a breath of this in Janet Raloff's article on the FDA's effort to expand its power over physicians and pharmacists.

Consider: That no two people are exactly alike, so that the same drug can cure one person and harm another (canceling each other out in a mass study). That the cost of proving efficacy can run in the tens of millions of dollars (which no drug company will spend on a substance in the public domain, as it seems all the drugs in question are). That just the top thirty "ineffective" drugs in your list add up to 123,000,000 prescriptions a year, for drugs that have been on the market for more than twenty years. Just how stupid do you think America's physicians are?

*Taras Wolansky  
Kerhonkson, N.Y.*

*Correction: William E. Carnahan photographed the 1981 Science Talent Search winners (SN: 3/7/81, p. 150).*

*Correction: Contact: Toxics, the compilation of specialists designed as an aid to researchers (SN: 3/14/81, p. 171), was put together by the United Nations Association's World Environment Center. They can be reached at (212) 697-3232.*