cine), while established fields of social science are being redefined as new medical subspecialties—developmental psychology is becoming behavioral pediatrics and community pediatrics (*1*). This results in physicians being removed from the delivery of medical care, where there is an apparent shortage of such manpower, to administer social science research and evaluation, for which physicians require additional training. Thus, society pays physicians' salaries to reduce and retrain a scarce manpower pool, while the applied social sciences suffer from an oversupply of manpower similar to that of the engineering sciences.

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I certainly agree that I primarily presented the viewpoint of the developmental technologist (obviously a very frustrated technologist) without presenting an overall picture of the involvement of other elements essential to health care delivery. As mentioned in the article, the excellent presentation by Schwartz (*1*) puts these elements in better perspective. But even with the most optimum organizational mode and the best political solutions, all sections of our very heterogeneous society could not achieve and maintain an equally high level of health care delivery with existing technology. For example, much of the technology developed for the relatively large medical centers (most technological developments have been for this area) are not usable with a dispersed population such as that found in Appalachia or in remote areas in the southwestern United States, even if you could convince a sufficient number of health care personnel to serve those areas. Thus, the persistence of inequities among some population subgroups has resulted because of lack of technology. Also, as new advances occur in biomedical research, it would be fortuitous indeed if current technology alone could be used to ensure ultimate application to health care delivery.

As the social sciences become more extensively used in organizing our health care delivery effort, I hope that responsiveness to the needs of the individual will be considered as important as the operational efficiency of the system. Perhaps social scientists would be better equipped than physicians to objectively use both of these criteria.

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Safety and Efficacy of New Drugs

In the letter from C. Joseph Stetler of the Pharmaceutical Manufacturers Association (12 Jan., p. 127) taking issue with Muller's article (5 May 1972, p. 488) on the socioeconomics of drug therapy and the "overmedicated society," there is the oft-repeated rebuttal that "Advertising claims [for drugs] must be based upon FDA-approved labeling. . . ." This is a continual excuse by those in the drug industry to imply that all drugs on the market are both safe and efficacious. But this is simply not true. Drugs are still being advertised and sold that have not received FDA (Food and Drug Administration) approval (*1*). The following are excerpts from letters to me from D. N. Kilburn (*2*) of the FDA concerning Lipo-K, a drug that has been seized several times by the FDA since 1967 because it was shipped in interstate commerce without an approved new drug application.

. . . In our opinion, the Lipo-K capsule is a new drug subject to the new drug provisions of the [Federal Food, Drug and Cosmetic] Act. However, Marcen Laboratories, Inc., has not submitted a new-drug application to us pursuant to the new drug provisions of the Act.

. . . Despite a court order decreeing that each of the drugs seized in a legal action, including Lipo-K capsules, is a new drug without an approved new drug application. . . [u]ntil the determination of the new drug status of Lipo-K products has been finalized and as long as the products are marketed, they may be advertised.

Thus drugs for which claims have *not* been approved by the FDA may still be advertised and sold.

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1. U.S. Senate, Subcommittee on Monopoly, "Competitive problems in the drug industry," *Hearings before the U.S. Senate Subcommittee on Monopoly, Part 14* (Government Printing Office, Washington, D.C., 1969), p. 5723.
2. D. N. Kilburn, personal communications.