range of documents with a blanket of confidentiality—and one of the opponents of this move, which was unsuccessful, was L. H. Fountain, who was beginning to develop an interest in the agency's operations.)

In general, however, agencies have very little choice about supplying information. But in the present case, what seemed to the agency to be "cooperation" seemed to the Fountain committee and staff to be bureaucratic foot-dragging or, worse, deliberate obfuscation. Committee investigators did have access to the files they requested, but often the files would have inexplicable gaps, and the investigators had to make five or six trips before they felt their grasp of the situation was adequate. In addition, the staff was troubled by an agency ruling (later relaxed) that required a representative from the commissioner's office to be present whenever the staff interviewed a lower-ranking official of FDA.

At several points in the hearing, it was made clear that Fountain felt "cooperation" to be more mythical than real. But the simmering antagonisms did not burst open until the agency attempted publicly to discourage Fountain from obtaining certain documentation he felt he needed. There were two items at issue. One was a tape recording of a meeting of scientific consultants called to advise the agency on a particular group of antihistaminic drugs. The second was a list of names of patients for whom adverse reactions to an anti-depressant drug (Parnate) had recently been reported, together with the name of the reporting physician.

On the first point, officials of the agency, including Commissioner George Larrick and medical director Joseph Sadusk, claimed that handing over the tape "would interfere with cooperative relations between FDA and scientists, would prevent frank and open discussions at such meetings, and would destroy our attempt to set up good procedures." If scientists knew the tapes would be made public, Sadusk said, the result would be "stilted discussions, and our efforts to handle advisory committees would be interfered with."

On the second point, it was argued that submitting the names of doctors and patients violated the confidentiality of that relationship, and that it would hamper the efforts of the agency to elicit cooperation from doctors in reporting adverse drug reactions. Resistance in the agency was so strong that the FDA officials are known to have taken the case to Secretary Celebrezze for final decision, where they were overruled, reportedly on the basis of "conversations with the White House." The material has now been sent over to Fountain.

On the face of it, it seems likely that almost every trained scientist would support the position taken by Larrick and Sadusk. A good many already have. Fountain's efforts to obtain this material have elicited critical mail from the National Academy of Sciences, the Greater Philadelphia Committee for Medical-Pharmaceutical Sciences, and the Mid-West Committee on Drug Investigation; the communication from the Mid-West Committee was reportedly signed by 30 well-known scientists. There has also been correspondence from one unit of the American Medical Association, though no formal word from the AMA's top leaders. While none of this correspondence has yet been made public, an apparently steady theme is that this kind of activity would end by interfering with clinical investigation of drugs in general. A hostile editorial making that point has appeared in *Medical World News*, an influential medical weekly edited by Morris Fishbein, a former editor of the *Journal of the American Medical Association*. "If patients are to be faced with the threat that their illnesses and their names may be revealed in Congressional testimony," Fishbein said, "it will intensify the difficulty of securing competent clinical investigators to assess new remedies." Finally, the newly functioning medical advisory board* of the Food and Drug Administration met in July and supported the agency's position in several resolutions, including one on confidentiality of records and another on advisory boards. These two resolutions read as follows:

> One of the foundations of the practice of medicine is the confidentiality of the doctor-patient-hospital relationship. Furthermore, the reporting by doctors and hospitals of information concerning the effects of drugs to the Bureau of Medicine is extraordinarily dependent upon the preservation of this confidential relationship.
>
> We are deeply concerned, therefore, at the recent insistence of a Congressional committee that confidential records containing specific names of doctors, patients, and hospitals, be released.
>
> It is our belief that the purpose of the Congressional committee could have been properly met by obtaining records in

Surgeon General Resigns To Take University Post

President Johnson this week announced the resignation of Surgeon General Luther L. Terry and said he was seeking "the most adventurous, imaginative doctor in the country" to fill the vacancy.

The President made the announcement at the clinical center of the National Institutes of Health, in Bethesda, Maryland, where he signed an act authorizing a $280-million, 3-year extension of the NIH program of grants for construction of health research facilities. During his visit to NIH, which was the first by a Chief Executive since Harry S. Truman visited the center, he warmly praised NIH's achievements, predicted that Congress would approve additional health legislation, and toured a children's leukemia ward and a heart surgery unit. The President's press secretary said that Johnson, who suffered a heart attack in 1955, "personally feels some obligation" to the research programs at NIH.

Terry, who was appointed by President Truman in 1961, will become vice president for medical affairs at the University of Pennsylvania, succeeding Isidor S. Ravdin, who is retiring. By law, the surgeon general must be a commissioned officer of the Public Health Service, but there is nothing to prevent Johnson from commissioning an outsider and appointing him to the position.—D.G.S.

* Members of the board are as follows: Mark W. Allam, dean, University of Pennsylvania School of Veterinary Medicine; Harry F. Dowling, professor of medicine and head of the Department of Medicine, University of Illinois; Sidney Farber, professor of pathology, Harvard Medical School, and director of research, Children's Cancer Research Foundation, Boston; William M. M. Kirby, professor of medicine, University of Washington School of Medicine, Seattle; Norman Kretchmer, professor and executive head of the Department of Pediatrics, Stanford Medical Center, Stanford University; William R. Mann, professor of operative dentistry, dean of the School of Dentistry, and director of the W. R. Kellogg Foundation Institution, University of Michigan; John G. Morrison, practicing physician, Oakland, California; Arthur T. Richardson, dean of the Emory University School of Medicine and professor of pharmacology, Emory University; and Wesley W. Spink, professor of medicine, University of Minnesota, Minneapolis.