BRITISH MEDICAL JOURNAL

LONDON SATURDAY JULY 14 1956

British Medical Association

ONE HUNDRED AND TWENTY-FOURTH ANNUAL MEETING, BRIGHTON, 1956

President's Address

THE STATE OF GENERAL PRACTICE TO-DAY

BY

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This is the last year in which the right to nominate the President of the Association lies with the host Division. My nomination and election to this high office should be taken not in any personal but in a representative sense. The general-practitioner members put forward the name of one of their number to signify their determination to reassert and justify once more the claim that their ranks form the front line of the Health Services of the nation, and thus to make manifest their willingness, nay eagerness, to accept the responsibilities implicit in that claim.

It is in these circumstances then that I come to-day to occupy the Presidential chair, and to my colleagues in this Division, to the Representative Body, and to the Council I tender my sincere thanks for the high honour they have bestowed on me.

"In all positions of honour men are excited to do their best." These words are taken from the address of Dr. Jenks, a veteran of Waterloo, who was President when the Association first met in Brighton in 1851: during my year of office I shall try to live up to this aphorism.

It is almost half a century since last the Association met in Brighton, and during this period a general practitioner has occupied the chair of President on only three occasions. During these years medical science has advanced in leaps and bounds: the impact of this remarkable progress on the practice of medicine has been dealt with by successive presidents and in the scientific sections of our Meetings. It might be profitable, therefore, to turn our attentions to other changes which have altered the conditions in which medical practice is conducted and consider whether present conditions can satisfy patient and doctor alike.

First are the changes within the profession. At the beginning of this century almost all doctors undertook general practice even though some by reason of special study or long experience had later gained such knowledge and wisdom of one branch of medicine as to make their opinion and advice sought after in a consultant capacity. With progress in medical science the demand for consultant or specialist advice increased, and many doctors, having reached consultant status, gave up their general practice of medicine. The two

types of practice continued to diverge until, with the advent of the National Health Service in 1948, organizational expediency brought in a more complete cleavage between consultant and general practitioner. The path to consultant status no longer leads through the experience of general practice in the homes of the patients, but through the academic avenues of the examination-room and the hospital corridor. The old type of general consultant has all but vanished.

Both general practitioner and consultant have their parts to play in the provision of a comprehensive health service for the nation, predominantly within the Act: but both are still free to practise privately outside it.

You would not expect otherwise than that after forty years in general practice, during which I have watched all these developments, my observations to-day will be directed to that branch of medical life which I have always found interesting and satisfying, if at times a bit exacting.

Role of the Family Doctor

However much the conditions of practice may have changed, the function of the family doctor remains the same. The term general practitioner strictly means someone who practises medicine, obstetrics, and surgery. As major surgery is no longer carried out in this country by general practitioners I think the term should be replaced by "family doctor." In some countries in the Commonwealth the consultant may act as a super G.P. to whom the patient can make a direct approach, but in this country on the family doctor alone primarily falls the overall responsibility of examining, diagnosing, and treating his patients. The more completely the family doctor can discharge these responsibilities the less frequently will occasion arise to refer patients to hospital. The hospital service was never meant to be, nor can it ever be, a substitute for the family doctor service. I believe, therefore, that the role of the family doctor, far from having become less important in the scheme of things, has had added to it many new responsibilities, important among which is that of knowing when and how best to make available to his patients the special knowledge and experience of his consultant colleagues. Spheres of specialization have become

narrower and narrower, and thus the elucidation of a problem often calls for examination or investigation by more than one specialist. The integration of these opinions and the assessment of their significance therefore fall more heavily than formerly on the family doctor, who must survey the patient as a whole and be responsible for the continuity of his care.

From recent pronouncements it is clear that both the Association and the Government are aware that the role of the general-practitioner service is paramount and that it must be sustained as a first-class force. In a speech last year at Birmingham Mr. Iain Macleod, then Minister of Health, said that five principles had guided his thinking in office. He enunciated one of them in these words: "I think we ought to make—and for it to be seen that we are making—the general practitioner the king-pin of the whole of the National Health Services in this country." In his Presidential address to the Association in 1950 Sir Henry Cohen made this observation: "Until we have so reformed the conditions of general practice that students of merit wish to enter it we have not achieved our object." In the recent Guillebaud report there is general agreement that too much emphasis is being placed on the cure of the sick and too little either on prevention or on treatment at home.

These three pronouncements lead one to conclude that the general-practitioner service is not in good heart, that it needs resuscitation if it is to survive. It is failing to fulfil adequately its proper function in the national service. Existing conditions do not give it a fair chance to do so, with the result that much of the work which family doctors should normally undertake is passed on to the hospital or to local government clinics. This process of disintegration is progressive, and if not checked it will inevitably and rapidly lead to the disappearance of family or general practice as we have hitherto known it. Such a calamity ought to be prevented, but it can be prevented only if avoiding action is not too long delayed.

In a brief glance at the changes in the social and economic sphere can we find any hint as to why the community is ceasing to place the same reliance on the family doctor as it formerly did?

Health of the Worker

Health no longer means only the absence of disease, but implies a condition in which sound limbs and a sound mind can function to the best and happiest advantage. The term National Health Service implies that doctors should be as much concerned with the promotion of health as with the care and prevention of disease.

Gradually there has developed a growing appreciation by the Government of the value to the nation of the health of the individual as a "unit of productivity"—that is, as a worker. Voluntary effort, always well ahead of official action, had already done much to foster health, but Government interest and intervention increased, until with the coming into operation of the National Health Service Act it proclaimed its responsibility for the health and welfare of every citizen from the cradle to the grave. But it really provided a "disease" service, and at the same time created conditions unfavourable to the public health service. As Lord Adrian said in a recent address (*British Medical Journal*, May 26): "We praise the achievements of our

medical officers of health and urge them to greater efforts, but the great reorganization of our medical services seems to have passed over their heads and left them with innumerable minor tasks and little chance to make effective progress." The State thus took over from individuals the responsibility of providing medical services and with it the onus of maintaining their standard. Now 90% or more of the population avails itself of these services, and less than 10% of the cost is met from the national insurance contributions.

State-sponsored maternity and infant welfare schemes, the medical inspection of schoolchildren, and the provision of the N.H.S. Act all express a vast extension of the State's direct concern in matters of health and sickness, while public health regulations, Factory Acts, and housing schemes bear witness to the growing activity of central and local government in providing healthy conditions of living. Both sides of industry, too, have accepted responsibility in these matters. The trade unions have made adequate pay, limited working hours, and improvement in working conditions their special concern. From the purely health point of view I doubt if further reduction in working hours is desirable. We would not want the average man to work as long hours as does the average doctor; but full work makes a full life, and leisure is something which needs wisdom to fill it with profit to mind and body.

Industrialists have found that healthy and contented employees go hand in hand with increased output, and to this end have instituted research into working methods and conditions and medical services to detect and correct factors adverse to the health of men and women at their tasks, and recreational facilities to encourage health-giving activities in leisure hours. Rightly, too, the effects of loss of earning power to the individual have been mitigated by the introduction of unemployment, sickness, and industrial benefit schemes and by family allowances and pension schemes. Proper conditions of hygiene may be provided in both factory and home by legislation; adequate provisions of pay and leisure may be agreed by negotiation; but unless these conditions are appreciated and properly used much of their value is lost.

Responsibility of the Individual

The question arises whether the acceptance by the State of more and more of these responsibilities has not induced in the individual a diminished sense of his own personal responsibility to keep himself fit and eager to add his regular daily quota to the work-pool of the nation and to partake in the life of the community. But in so far as this diminished sense may be caused by a lack of knowledge rather than by a lack of willingness further education in health matters should help. From the vast sums spent on education could not more be usefully invested in instruction on the general principles of health culture, both physical and mental? The people of this country should consider whether they are developing an attitude of mind to the National Health Service which is more disease-conscious than health-conscious.

In this connexion may I quote the following from the statement on medical aspects of social security issued by the World Medical Association in 1952: "A powerful factor in recovery from illness and in restoration to health is the sense of personal responsibility of the patient for what happens to him. This is something indispensable in the doctor-patient relationship. In what is called the Welfare State, social security schemes loom large, and in these schemes the provision of (apparently) free medical services is important. The more the State does for the individual

in this direction, the less is the individual's sense of obligation and responsibility." Are we not daily seeing examples of this through the whole of the country? And as the B.M.A. presumably subscribes to the policy of the W.M.A. can we really feel that we are doing enough to keep this aspect before our patients and the government? The willingness with which the public shoulders an expenditure on entertainment, alcohol, confectionery, and tobacco many times greater than that spent on the National Health Service makes one wonder if the true value of good health is appreciated.

The Association's Journal, *Family Doctor*, shows how alive the Association is to the need for further education in health and hygiene, but it reaches such a small proportion of the population that its efforts need amplifying. Much more could be done in schools, but the essential source of information on health for each family should be the family doctor, who should take an active part in providing this as he does in providing expert care in time of sickness. Were this so, millions of lost working hours might be saved and expenditure of millions of pounds on hospital services might be avoided; more important than this, the sum of human happiness would be increased.

Changes in Attitude

The attitude of the public has changed in another way: many of those we care for have travelled widely during the wars. Apart from the greater number at risk, we are dealing with a more reasoning people who no longer accept blindly what the doctor tells them. They know that advice must be based on facts and that facts can be elicited only by proper examination. But there is still a blind and unreasoning faith in the "bottle of medicine," and, thanks partly to the lay press and "digest" articles, a pathetic belief that even the most stubborn ailments can be cured at once by antibiotics and other "wonder drugs." I wish people would stop talking about "wonder drugs." From similar sources many patients are encouraged to diagnose their own condition and, at the cost of much time and energy, have to be convinced how wrong they are. All this means that a consultation which is to be satisfying to both doctor and patient is a more time-consuming affair.

There are changes, too, in families, where it is not uncommon to find both man and wife have work which takes them from the home. The consequent lack of parental influence and control has often a profound effect on the physical, mental, and moral development of the children; nor is it without its drawbacks when illness overtakes the family.

Lastly, there have been changes in the facilities for conducting practice. As a means of transport the doctor-driven motor-car and even the aeroplane have replaced the leisurely horse-drawn vehicle which allowed ample time for chewing the mental cud between visits. The ubiquitous telephone has made the doctor more accessible to his patients, has added a sense of urgency to many calls which are in no way urgent, and by necessity of its being manned 24 hours a day has added greatly to the burdens of the doctor's household. But the family doctor at least has been emancipated from the silk hat and black coat, starched shirt, and striped trousers.

The complexity of modern methods of examination and treatment has necessitated larger accommodation in the consulting-room or surgery, and the multiplicity of instruments and appliances calls for greater expenditure. Whereas in industry the employment of new methods and new machinery usually leads to increased precision, with a saving in cost and time, in medicine new methods of diagnostic precision add to the cost and demand more time in their application and interpretation.

The Time Factor Paramount

This general review of the conditions in which we work brings out the overriding importance of the time factor. But can we say that in general practice throughout the country we are giving more time to each patient than was formerly the case? The various social changes and

changes in attitude which I have mentioned should not themselves have undermined the confidence of the community in the family doctor to which I have referred earlier. The essential cause for the lowered prestige of the family doctor lies, I believe, in the National Health Service.

Changed Relationships

First the Act altered the relationship between the doctor and the patient by introducing the State as a third party. This new type of eternal triangle is fraught with as many dangers as the more familiar type and has tended to make the relationship between the contracting parties less personal and more liable to lack that esteem and mutual trust which are essential if confidence is to be engendered. I know that in a State-provided scheme such intrusion is unavoidable. But in a statement in 1952 the World Medical Association amplified the second of its principles—"No intervention of third party between physician and patient"—as follows: "When medical care is provided as part of social security the State or the Local Authority or the Insurance Company enter into relationship with the patient and doctor. Such relationship must not involve interference with the essential freedom of either." Can we be really confident that this is the case in Britain to-day? For example, the closed area denies the freedom of the doctor to take up work—in the N.H.S.—where he wants, and hampers transfer from one area to another should health, family educational requirements, or other causes make such transfer desirable. In the N.H.S. it is virtually impossible for a doctor in the general-practitioner service to attain consultant status, and this, too, is not in line with Principle V of the World Medical Association, of which, I need hardly remind you, the B.M.A. is one of the principal member associations—indeed, the originator of it. Principle V is, "Freedom of the physician to choose the location and type of his practice."

Secondly, the manner in which the National Health Service was introduced was unfortunate. It was heralded as a free service in such a way as to lead to irresponsible demands, not only for time-absorbing service but for supplies which many expected to be forthcoming, not according to need as judged by the doctor, but as something which the patients' weekly contribution entitled them to receive on demand. The development of this "entitlement" complex led to full surgeries and high prescription rates. This made it more difficult to give that extra time which modern medical science requires. The erroneous belief of many patients that their insurance contributions pay for the whole of the benefits of the Health Service has altered their attitude to the whole profession and made them more prone to be litigious, although, of course, the free legal aid scheme has greatly encouraged this.

Thirdly—what was worse—the specialist services were heralded as something new and superior, and available to every citizen for the first time; by comparison the family-doctor service was thus presented as a second-rate affair with very limited capacities. Denial to the family doctor of diagnostic facilities in the x-ray department and the laboratory except through consultant and specialist exaggerated the apparent incompetence of the general practitioner, while the denial of his right of access to hospital beds even for midwifery completed the ignominy and altogether undermined confidence in him.

Naturally the public came to demand more and more specialist services, usually at or in hospital, nothing short of which, they were led to believe, was the best; and the qualifying student sought to enter the hospital services rather than the ranks of general practice, which has been given, rather than has gained, the reputation of being something short of the best. Consequently hospital departments became overcrowded with cases which, had the patient had confidence in his G.P., could equally well have been dealt with at home and in the consulting-room or surgery.

I think, therefore, we can fairly say that the reduced status of the family doctor emanated not from any essential

fault in the profession itself but from the treatment it received at the hands of those who introduced the N.H.S. But the profession is not altogether free from blame, because it was not always successful in distinguishing between principle and expediency. In large part the new health service was manned by the same doctors who were in practice before its inception. They were men and women with a sense of vocation who asked only to be allowed to get on with the job of looking after their patients.

When the Act was being framed the Association pointed out its many weaknesses and eventually secured some important modifications, but in the end political rather than medical considerations prevailed, and in 1948 the Association advised the profession to accept service under the Act, although it infringed principles the profession held sacrosanct, and resolved to seek reforms by amendments. Eight years of sustained effort by the Association still leaves us seeking many of these reforms.

The financial aspect was improved by the Danckwerts award, which was, after all, but a belated carrying out of the promises made by the Government in the Spens report. But money is a means, not an end, and if general practice is to take its rightful place again and attract recruits of the right calibre it must be made a worth-while and satisfying job in other and more fundamental respects. To this end the principles we established in 1948 must not be lost sight of.

To restore the prestige of the family doctor we are entitled to ask the Government for evidence of a change of policy; we want to be more than the king-pin of a lifeless mechanical service; we want to be the heart and soul of a living organism. We should be directed not by bureaucratic theory but by the guiding finger of practical experience and human understanding.

Problems to be Solved

Every family doctor should be encouraged to use his brain to try to solve the problems it has been trained to solve, and should be given the facilities which will make his work a matter of interest and not mere routine. Medicine is never at its best where conditions suppress the individuality of the doctor. Until every region in the country provides facilities for the family doctor to enlarge the scope of interest he can take in his patients, until the Ministry and others cease to belittle his capability to undertake midwifery—that intimate service which is often the foundation of that mutual trust so precious in family practice—until they show they remember his existence and use him as a medium for health education, as they failed to do in the matter of poliomyelitis vaccine, or for sounding live medical opinion, as they failed to do in the matter of the ban on heroin—until then we cannot assume any change in the attitude of the Government and the ubiquitous planners towards the family doctor.

If the Government continues to damn the general-practitioner service with faint praise or to present it to the country not as the dog but as the tail and a very short one at that, it is not letting it be seen that it is making the family doctor the king-pin of the whole of the National Health Service in this country.

The health services must fall within the general policy of the Government of the day, but, Mr. Bevan has said, the National Health Service is at the centre of politics; the tragedy is that it has become the Tom Tiddler's ground of party politics. The services can well stand up to the ordinary variations of pressure in the political atmosphere, but there is always a risk of more violent disturbances developing and bringing with them conditions which encroach on the freedom of medicine. The Association and its members individually have a duty, not only to themselves but to the public, to preserve and foster the practice of medicine outside the National Health Service away from the cold blast of bureaucratic control. The greater the area of freedom provided by the private practice of medicine,

in which the doctor is his own master and able to mould his practice according to his own temperament and capacities, the greater will be the encouragement to maintain a general high standard and the stronger the deterrent to the introduction into the National Health Service of terms and conditions of service which we believe will make such standards unattainable.

It also remains the duty of the Association to detect and fight any tendency on the part of those who administer the health services towards regimentation or automation of the profession. Few administrators have more than little personal experience of general practice, and cannot conceive that ill-considered action on their part may seriously disrupt the doctor-patient relationship. Any attempt by the Ministry of Health to by-pass the general practitioner must be resisted.

First Line of Defence

What is the proper function of the general-practitioner service? It is to provide the first line of defence against ill-health and the force which supplies the first counter-attack when "operation sickness" has already begun. To sustain the service as a first-class force implies keeping the morale constantly at concert pitch, by ensuring proper working conditions and pay that family doctors may work in an atmosphere free from such hustle as robs both patient and doctor of mutual respect, and of time for proper consultation, free from limitation of facilities which makes him appear incompetent and deprives him of the interest of investigating and of the satisfaction of treating his patients, not as far as the machine permits but as far as his training and experience will allow. It also implies attracting a steady flow of recruits of the right type.

Students in their final year must be made more familiar with what general practice has to offer. They must have an opportunity of hearing about this and asking about that, not from a teacher, or even a dean, who cannot speak from personal experience, but from someone actively engaged in general practice and preferably someone with a certain amount of private practice. When they learn how very worth-while the work of the family doctor can be even the best students will not hesitate to join our ranks and help to make it even more so.

A patient is dependent on the sympathy and good faith as well as on the skill of his doctor, and the young doctor cannot be taught to give this full service; he can learn to do so only in the school of experience. In my view, after registration the sooner he takes up an ordinary assistantship and learns to assume responsibility under the wing of an experienced practitioner the better.

"It is therefore necessary that the doctor should be quite frank and positive in his statements, for uncertainty will never allay apprehension," said another of our past presidents, Dr. P. T. J. O'Farrell. Only with experience and with the appreciation of his own limitations will come to the young doctor that frankness and assurance which makes the patient trust him and willing to leave to him the decision on the need for specialist help. When this trust has been re-established, then and only then will the family doctor again fulfil his proper function and the undue emphasis on the hospital services be corrected.

With time and facilities to use his knowledge and experience the general practitioner can and willingly will accept further responsibilities in the health services of the country with satisfaction to both the patient and himself, and with relief to the hard-pressed and costly hospital services.

One thing should be made clear, and that is, if whatever steps are taken succeed in restoring to the family doctor responsibilities which at present are undertaken by the hospital services, he must not be grudged the same weapons with which to fight. These are frequently antibiotics which will inevitably increase the family doctor's prescribing costs; but this should not be held against him, as it relieves the hospital not only of the cost of the drugs but also of heavy maintenance charges.

To discharge these responsibilities requires much more than mere scholastic attainment, for the practice of medicine must be a constant adaptation to new conditions. While man's soul may remain unchangeable, is man physiologically the same as he was when this Association was founded? So many factors crowd on him to alter his biological individuality. The increased scale of the problems and their number which beset us in both our national and our family life, the supersonic tempo which makes life a scramble after livelihood, power, productivity, or progress, the urge to snatch the present opportunity in the uncertainty of the morrow arriving, from these a new pathology has developed under our own eyes and for which we ourselves are responsible. Even now we are hoist with our own petard. How much more will that be when the atomic age arrives?

To meet the spiral effect of these stress conditions many seek escape in the noise and excitement of modern social activities such as football pools, non-stop television, and boogie-woogie, while many others prefer to shelter under the umbrella of sedatives or stimulants. Wonderful and ever-changing as the products of the pharmacologist's laboratory are, by themselves they can but alleviate and postpone eventual breakdown, mental or physical. To help such people successfully to ride the storm and reach a safe anchorage the doctors' equipment must include human understanding based on sound moral principles and sympathy born of true charity, qualities of mind which remain unchanged throughout the centuries.

Conclusion

You who have so patiently listened to me may conclude that many of my views are reactionary. They are certainly the views of someone who "reacts" to what he sees to-day, the views of someone, in the words of a remarkable essay in *The Times Literary Supplement* earlier this year, who believes in "perhaps an old-fashioned society, inherited without much self-questioning, but nevertheless a society that cohered and had a dynamic and still offered opportunities to the young and the talented and the enterprising; not a society harried, hag-ridden by regulations and financially penalized. . . ." Medicine is in the middle of all this. It is losing its dynamic. Somehow or other this Association must bend its efforts towards not only preserving but also enlarging the area of freedom and dignity in medicine that still exists within the framework of the National Health Service. If we cannot succeed in this, then I fear for the future of medicine and especially of General Practice. The decline in standards which I and others see is harmful to the public deluded into believing that the National Health Service is the best possible service because it is State-sponsored and is labelled free. We need men of conviction who do not lack the courage to express their opinions clearly, unpopular though they may be; we need a new dynamic in medicine. Let us see that it comes from within the Association.

In the first quarter of this year there were increases in almost all categories of nursing staff in both mental and mental deficiency hospitals, amounting to 270 in the first and 175 in the second. These figures were given by Mr. R. H. TURTON, Minister of Health, when he spoke recently to the Association of Hospital Matrons. The most welcome feature of all, said the Minister, was the increase in the numbers of both male and female student-nurses. In mental hospitals there were 143 more male student-nurses, an increase of 10%, and 109 more female student-nurses, an increase of over 5%. In mental deficiency hospitals the increase in male student-nurses was 16 (6%) and of female student-nurses 36 (8%). These increases had occurred before the recent salary settlement. Of particular interest was the notable increase in the number of male student-nurses in mental hospitals, which might be partly due to the deferment of National Service during training.

BEHAVIOUR IN VITRO OF SOME NEW ANTISTAPHYLOCOCCAL ANTIBIOTICS

BY

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The numerous antibiotics now available could be regularly depended on for the treatment of almost any bacterial infection but for one factor. This is acquired bacterial resistance, and the species which has shown the greatest capacity for this, with the most serious consequences, is *Staph. pyogenes*. The literature abounds with reports of infection by strains of this organism resistant not only to penicillin but to streptomycin, the tetracyclines, and, less often, to chloramphenicol. It can also become resistant to erythromycin, which is at present the last line of defence against a return to the conditions of pre-penicillin days. That a strain resistant to this as well as to other antibiotics can kill patients as in the past is evident from the experience of Martin *et al.* (1954) at the Mayo Clinic.

It follows that the identification of further antibiotics capable of replacing those now in use for this purpose would afford very comforting security. The Antibiotics Clinical Trials Committee of the Medical Research Council decided recently to examine or re-examine the properties of certain antibiotics which might prove useful in this direction, and some of the work reported here was undertaken to provide information to that committee.* Only *in vitro* observations are reported, but these are capable of revealing properties of some consequence to therapeutic efficacy, and the comparison under identical conditions of eight different antibiotics affords some idea of their relative merits and of any relationships which may exist between them.

Antibiotics Examined

Erythromycin.—This was included because two of the other antibiotics studied are evidently related to it. The pure material used was kindly supplied by Eli Lilly & Co.

"Spiramycin".—This antibiotic was discovered in the laboratories of Rhône-Poulenc. According to Chabbert (1955) its antibacterial spectrum corresponds closely to that of erythromycin, but the latter is 4 to 20 times more active. Staphylococci were readily made resistant to spiramycin, and were then resistant to the same concentration of erythromycin: thus in the resistant organism the difference in degree of activity of the two antibiotics disappears. Hudson, Yoshihara, and Kirby (1956) found very little cross-resistance: of 13 strains resistant to erythromycin, 11 were sensitive to spiramycin. These authors used spiramycin successfully in the treatment of pneumonia, as did Renoux, Dupoux, and Huet (1955). This antibiotic was kindly furnished by Dr. W. R. Thrower, of May & Baker Ltd.

E129.—This is an antibiotic produced by submerged fermentation of a new species of *Streptomyces*, isolated in the Fermentation Research Division of Glaxo Laboratories Ltd. from a sample of soil collected in Jericho, Jordan. It has been extensively studied in these Laboratories, and shown to have a spectrum similar to that of erythromycin,

*Some of the antibiotics examined have become available only since this committee last met, and it is not to be understood that the committee has considered all of them, or decided on undertaking clinical trials of any.