have an adverse reaction to another drug during hospitalization. Similarly, patients with a past history of a drug-induced illness are predisposed to additional ones. Repetitive adverse drug reactions are common. Recognition of a drug-induced disease in a patient, therefore, requires added caution in drug prescribing.

Avoidance or prevention of all drug-induced disease is not possible. New, previously unrecognized reactions to old drugs are being described, and new drugs are always a potential source of new reactions. Scrutiny of prescribing practices and of medications taken by patients, careful use of drugs in predisposed patients, and avoidance of excessive drug prescribing are the methods which, diligently followed, can reduce the problems of drug-induced disease.

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AMPAC–CALPAC

AS THIS IS WRITTEN the results of the November 7 state and national elections are not known, and as this is read they likely will be. Hence this is a good time for an objective comment or two about AMPAC and CALPAC.

For some years now these political action committees have been sponsored at the national level (AMPAC) by the American Medical Association and at the state (CALPAC) by the California Medical Association. They have gradually increased in membership and in recent years their dollar contributions to the candidates selected for support have been large enough to be both helpful to the campaign and appreciated by the candidates. Further, we are informed that AMPAC and CALPAC are now able to hold their own at both state and national level with the best of the political action committees no matter whose they are.

It may be of interest to many to know that in the primary election last June and in this November election a total of 136 candidates were supported in California, and the breakdown shows that 74 of them (54%) were Republicans and 62 (46%) were Democrats. Thus any doubts that CALPAC is not bipartisan should be allayed. Since it has become abundantly clear that medicine has problems with government no matter which party is in power, it has become clear also that it is to the advantage of medicine and better medical care, that persons be elected from both parties who are well informed and understand the problems of health care.

It is equally of interest and worth emphasizing that many organizations of diverse and often opposing interests have political action committees which support and then claim the support of candidates after they have been elected to public office. It is naive to assume that many candidates supported by AMPAC or CALPAC are not also supported, and perhaps often better supported, by interests with other views than those of medicine. So it is also naive to assume for one moment that any candidate supported from out of our pockets is henceforth to be counted as in our pockets. However, we can expect to get the ear of candidates we support. But in the long run those in public office are far more influenced by public opinion than anything else, even including money, because that is where the votes are. Political action committees are important but alone they are not enough, and this truth should never be forgotten.

AMPAC and CALPAC have placed medicine in the big leagues as far as this particular form of political persuasion is concerned, and for this the profession is much in their debt. They have by no means yet reached their full potential for influence and effectiveness. They merit the continued financial support of individual members of the profession and the far more active participation of their own members in their councils and decision-making processes.

—MSMW