Aims

Modern drug-planning is far removed from the empiricism and folklore that led, for example, to the use of belladonna in Parkinsonism, and also far removed from the pseudo-scientific rationale that produced bromide therapy in epilepsy. There is always the possibility of a serendipitous observation such as that which introduced ephedrine in treatment of myasthenia gravis. But in this modern era the development of pharmaceutical agents is usually according to a definite plan beginning with the chemical properties of a projected agent and proceeding as thoroughly as possible through animal and human studies. Pharmacologists and the pharmaceutical houses have produced an astounding number of drugs. In certain areas covered by our panels there is danger of chaos in evaluating agents because of the number and close similarity of some of the therapeutic agents. In some areas covered by our panels there is relatively little in the way of truly effective therapy. If we make this symposium fruitful, we will bring order into areas of chaos or near chaos. And in those areas where no adequate therapy exists, we should be able to establish how future therapies can best be evaluated and hopefully avoid future chaotic situations. The fundamental aim of this symposium is to improve the quality of clinical evaluation of drugs in our fields. Our aim is to determine the guidelines necessary for arriving at an ideal study for evaluating drug therapy under the criteria of the various panels (Objectives and Aims of the Symposium, pages 9, 10 and 11).

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- Members of the National Advisory Neurological Diseases and Blindness Council
- Members of the Planning Committee
- Representatives of the American Medical Association
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