Dr. Crout. May I make a comment. I think many of these teaching materials that are produced in postgraduate education are finding their way into medical school training, so that it is conceivable to me that some of the material is competing with the standard textbooks and the classical medical scientific journal as a source of information to medical students. This I think would be highly variable from school to school, and testimony on this from others might be interesting.

Senator Nelson. We will put this in the record. This is a letter written a couple of years ago by the head of the Department of Pharmacology, School of Medicine, University of Miami. It is ad-

dressed to Dr. Young of Cook County Hospital in Chicago.1

Is there a considerable involvement by the pharmaceutical industry in the pharmacy schools, department of pharmacology in medical schools and teaching hospitals? In their teaching consulting programs?

Dr. Crout. To my knowledge most medical and major teaching hospitals do not permit detail men to freely meet with students or

house staff. This is a practice which is discouraged.

The letter you have here came about from unusual circumstances. I talked about it with Dr. Palmer on the phone, and Dr. Palmer along with several other clinical pharmacologists is engaging in an experiment incorporating a detail man into their own teaching programs for medical students and for graduate fellows.

Mr. Gordon. Would you repeat that?

Dr. Crout. Training detail men to be better presenters of drug information.

Senator Nelson. You mean this is a program of educating detail men?

Dr. Crout. Yes; this is a program of educating detail men and the spirit is one, a little bit of, if you can't lick them, join them, or let us try this as an approach.

So this letter is admittedly ambiguous, I think an embarrassment

to Dr. Palmer, but that is the context in which it is written.

Senator Nelson. Well, does the detail man have a valid scientific function to transmit pharmacological information to the practicing physician. Should that be the physician's source of knowledge about what he is prescribing.

Dr. Crout. I think that we would all say the answer is "No."

Senator Nelson. Why even a secondary source?

Dr. Crout. The issue is, the detail man exists because of the nature of our free enterprise system, should he have some kind of training in the area that is independent from his employer. I am not endorsing that notion or rejecting it at this particular point.

Senator Nelson. If the whole system is bad, then it is even worse to make the promoter more sophisticated than he is and give him better-looking credentials. If he is the physician's source of knowledge, then I wouldn't go near his office. I would like to have him consulting the experts, not a promoter of the drug.

So if that is a program at the University of Miami—that kind of infiltration of our medical schools—I wonder about what else the

¹ See letter dated Oct. 29, 1974, to Quentin Young, M.D., Cook County Hospital, from Roger F. Palmer, M.D., School of Medicine, University of Miami, page 14035.