

levels of pressure not ordinarily treated by the practicing physician is being given wide exposure and support by the companies who make these products. If we do not rescue postgraduate and continuing medical education of our physicians from the pharmaceutical houses, our citizens will be even more medicated and undertreated than is true today. The method by which this should be done needs further study. The creation of traineeships in clinical pharmacology in programs involving medical schools and community hospitals has many virtues.

In brief summary then, Mr. Chairman, I would recommend:

1. That the former recommendations of the committee be implemented.

2. That obesity be eliminated as a medical indication for the use of the agents under description in which the so-called anorectic property goes hand in hand with abuse potential.

3. Eliminate over-the-counter nostrums advertised for the purpose of reducing obesity.

4. Curtail the activities of the pharmaceutical industries and in particular make certain that they pay their way from their swollen profits for all of their promotional efforts.

5. Establish an authority or strengthen the existing authority to study a) the problem of drug selection for the medical agents of the U.S. government, b) plan Phase 4 studies of new drugs, and c) address the problem of consumer education.

6. Review the question of continuing medical education of the medical profession and replace the pharmaceutical manufacturers as the principal provider of postgraduate training through the evolution of a federal plan for this purpose.