first bid we got a break from one company to $40. It successively has broken to $30, $20, $10, and now less than $10.

Senator NELSON. For what you used to pay $56?

Dr. WILLIAMS. For what we used to pay $50 to $60, and as high as $65. This has saved us, under present-day rates, we calculated this out, this saves us alone $40,000 a year, just on chlorothiazide diuretics, because we use just over 2 million of these tablets a year. It is easy to calculate out if you come from $50 down to around $5 that you are saving $45 per 1,000, and on 2 million tablets this is a lot of money.

The tetracycline price, of course, has continued to go down. We got involved with Italian tetracycline, and used it at an enormous saving. If we could have continued to use the Italian tetracycline at the time, we could have saved, our purchasing agent has calculated, over $100,000 yearly.

Senator NELSON. Yearly?

Dr. WILLIAMS. Yearly, on that one drug. Unfortunately, Pfizer brought threat of suit against Grady Hospital if we used Italian tetracycline, and so our legal department felt we had best play it safe at the time, and wait until the suit that Pfizer instituted against New York City was settled. So it was a little while before we could make that saving. At the present time, of course, we have good generic tetracycline made in the United States available, and our savings are enormous over what we would have to pay if we bought the trade named item.

Senator NELSON. Have you found any difference in the therapeutic effect?

Dr. WILLIAMS. There shouldn't be really, since all of the lots are tested by the Government and approved, so in the area of antibiotics there shouldn't be any difference therapeutically and we have found no difference.

To go on to No. 4:

> 4. Detail men, who are the chief source of information about drugs for many physicians, are salesmen. Informed, charming, witty though they may be, I have never heard one of them say that a competing drug was superior to theirs or that their own drug may be dangerous. I would like to quote the chairman of our department, Dr. Neil Moran, who each year reminds the medical students that they who spend from 5 to 12 years in getting a medical education are foolish to let a detail man, who may not even have a college education, tell them what drugs to use for which disease. We tell the students this each year. I think the effect of the lesson wanes as they progress through the clinical years and get out into practice.
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> 5. The pharmaceutical manufacturers exist to make money for their stockholders, not to render service to humanity or the medical profession, though they may do both excellently in the pursuit of money. I don't question as you did not question the value of their contribution to medicine and to our culture, but they still exist not for this purpose but to make money, and they behave as if they existed to make money.
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> 6. Arguments about the amount of research done or the amount of profit made by a drug company are not germane to a discussion of generic versus trade name drug prices. You will hear testi-