Dr. WILLIAMS. Because in the end if you can't help the physician, and if he does not change his prescribing habits, once you have prevented monopoly, and where this may occur, once you have done this, and prevented the drug company from actually lying to the physician, I don't see what other avenue is open to you except to help the physician.

Senator NELSON. May I say at this stage to both Dr. Williams and Senator Hatfield that the issue raised by Senator Hatfield is precisely the issue that has been raised by several witnesses before, and I agree with Senator Hatfield that it is a very fundamental question. It is my hope, if this committee accomplished nothing else, we would come up with a solution, some kind of a solution to the very issue you raise here about prescribing.

Two previous distinguished witnesses, both of them medical doctors and pharmacologists, Dr. Modell and Dr. Burack raised exactly the same question, the continuing education of the physician in just about the same way that you have raised it here and made about the same statement about it, so I as a member of the committee consider it a very important issue. It is one of the problems to which we would like to get a solution.

Mr. GORDON. Could you say a few words about overmedication, that is, the prescribing of drugs unnecessarily? Are you going into this subject?

Dr. WILLIAMS. Yes, I have previously mentioned some of this in terms of the fact that advertising pressure from major drug houses leads the physician partly—directly and partly through pressure from the public into use of drugs which the physician might not otherwise use.

Each year I stand up and tell my students that penicillin is not good for the common cold, it is a dangerous drug, and sometimes causes fatal illness.

I had a former graduate who is in practice in Alabama come back to me 3 years ago now, and he said, "Dr. Williams, you were all wrong when you said penicillin shouldn't be used for the common cold." And I said, "What do you mean?"

And he said, "I have to use penicillin for the common cold because if I don't my patients go to another doctor."

And he had been in practice about 3 years at the time, and I asked him, I said, "How much did you make last year?"

He said, "$40,000."

And I said, "Well, that is your answer."

He didn't have to, but he was doing it.

The physician then has no source of comparative information about the relative effectiveness of similar drugs or the relative toxicity frequently of similar drugs, and no source of information about price.

The PDR, as I stated, does not list the prices and does not contain any comparative critical information as to relative efficacy of drugs. The PDR should be considered for what it is, a sometimes useful catalog of drugs, their use and side effects, written really as advertising copy and paid for as such.

It might be said that the physician has available to him the scientific literature and can make his judgment about the relative value of drugs from the literature.