This is just not so—the physician does not have the time.

I am a pharmacologist and my professional role is to keep up with drugs and I am unable to do so. I subclassify myself as a neuropharmacologist, which means I only have to keep up with drugs which act on the brain. In terms of original literature, I wonder if I even accomplish keeping up with this narrowed field.

Time is not the only problem for a high percentage of the clinical and drug studies reported in the literature are paid by the parent drug house and this should be clear, the major pharmaceutical manufacturers do not support comparative studies which might show their product to be inferior. In a sense, they would be foolish if they did so, and their stockholders should correct them, since their object is to sell their drugs.

Mr. GORDON. Have you had any experience along these lines?

Dr. WILLIAMS. We have had a funny experience at Emory, which illustrates this point. Wyeth, one of the major drug firms, was interested in its drug Serax, a chemical congener of Librium being tested in the Emory Dental School for its action in anxiety in patients who were facing serious dental operations, and they agreed to pay for the study, and the people at the dental school came to us for design of a critical experiment, a double blind experiment which would tell them whether Serax was helpful in these patients.

In designing it, we designed the experiment to compare phenobarbital, Serax, and placebo or blank.

Wyeth said they were sorry they could not pay for the study with phenobarbital included, but would be happy to pay for the study comparing Serax and a placebo, and if you look at the literature, this is what happens for most drug studies.

You have to raise the question at the present time. I have some suggestions about this, but you have to raise the question who pays for drug studies?

Universities do not.

Most drug studies which are in the literature, even the good ones, controlled studies, are paid for by manufacturers, and manufacturers are not interested in comparing their drug with a similar drug, unless they have evidence that their drug is clearly superior to the similar drug.

So most studies do not produce critical comparison. They will show, and many of them are excellent, that the drug A is better than a blank.

Senator NELSON. Better than a placebo?

Dr. WILLIAMS. Better than a placebo, but they do not show that drug A is better than drug B. They don't want to get involved in this controversy. So that since they do not support comparative studies, it is difficult for me and for other people in the area of pharmacology, and must be just as difficult for people in the practice of medicine to even find a study which critically compares, say, phenobarbital with Librium. It is hard for us to find this information.

Senator NELSON. Does the FDA do any studies of this kind?

Dr. WILLIAMS. Not as yet, but I will have some suggestions. I think they should get involved. These studies thus far have been done by the Veterans' Administration, which has done some excellent studies.

When the question about the effectiveness of isonicotinic acid hydrazide on multiple sclerosis came out, several good clinics around