I don't know that that would be the solution here, but, it seems to me, if we exercise this amount of care about shipping in interstate commerce meat, which a casual purchaser frequently can tell whether or not it is good, in terms of a matter as serious as prescription drugs, we ought to be concerned enough to have adequate inspection wherever necessary, either in the manufacturing plant or batch sampling to protect the public in the consumption of drugs, and to advise the physician, of course, about the drug.

Dr. WILLIAMS. Actually, an on-the-job inspector is something I had really never considered, and something that I want to start thinking about.

I think that possibly this is an excellent way to bring some operations up to standards. Something needs to be done in this area so that the physician and the pharmacist can have confidence if they use a drug from a generic house that this drug, in most respects, will be as stated by the manufacturer.

Now, all people can make errors, and Dr. Burack in his book pointed out that major drug firms make errors, too, as do small drug firms. This may be a meaningless point, but in terms of the amount of drugs that people get which are in error, if the implications of Dr. Burack's statements are correct, then since the drug trade letter lists that only 5 percent of prescriptions in the country are being written generically today, 95 percent for trade named items, the indication would be that more people are having trouble with trade named items than with generic items, but this is, as I said, sort of circular reasoning.

Senator NELSON. You stated that to do a chemical test of drugs for potency and chemical composition would be at least relatively easy.

It is when you get to the question of testing the clinical effect——

Dr. WILLIAMS. That is correct.

Senator NELSON. That it becomes more difficult.

Is there any doubt in your mind that it is feasible as a practical matter for the Government, using the resources it has—that is, the thousands and hundreds of thousands of people that are treated by the Army—and they make tests now—plus contracting with distinguished medical schools and hospitals for purposes of doing double blind tests and paying for them, do you see that as a feasible approach to this problem?

Dr. WILLIAMS. I think so. I think this is what is going to have to be done, the use of expert opinion plus in some cases where the information is not available, subsidized research which will give the answers that we need to actually say whether one drug is better than another. The drug houses do not do it.

Senator NELSON. What I am seeking to get at here, then, is the end result. In your hospital you do have a formulary committee and your own formulary. Is there any reason why, doing these kinds of chemical testing as well as clinical testing using the resources of the Government and contracting privately, you can't end up with a formulary which lists all the trade name drugs, lists all the generic name drugs that are the same as the trade name, the same compound, listing the side effects, listing the results of double blind tests, listing all the information, in an indexed book form, so that as a practical matter a practicing physician could rely upon this sort of formulary and keep it up to date in an annual or semiannual way?