Is there any reason why that couldn't be done?

Dr. Williams. Such a pharmacologist's bible would be a wonderful thing to have, for all of us, for those of us in teaching, too. No; I

think this could be done. I think this will have to be done.

I might say that in the area of new drugs which will come on the market from now on, the efficacy provisions in the Kefauver drug laws, when they are able to administer them adequately, the Food and Drug Administration can demand of the company that this comparative study be made.

For drugs from here on out, the Food and Drug Administration can actually say to the pharmaceutical manufacturer, "Show us that your product Librium is superior to phenobarbital and in which way is it

superior."

So I think the big problem that we face in the next 15 years will be adequately administering that part of the law, and going back over the wealth of useless drugs which clog our literature and our formulary; drugs, many of them which have no therapeutic action at all.

Senator Nelson. Has there ever been an adequate test of all the drugs put on the market to find out whether they have any therapeutic

value or not?

Dr. Williams. No. You see, as the 1938 food and drug law was written, it did not require approval for old drugs that had already been on the market, so you take an agent like strychnine, which is very toxic, self-evidently poisonous, and which has no therapeutic action that we know of is widely sold in this country as an ingredient of some common laxative preparations, to which it adds nothing. An agent like strychnine which has no therapeutic action and is as poisonous as strychnine is, and which actually results in poisoning of children every year, this agent would not be allowed on the market under the 1938 food and drug law, but agents which were in common use prior to the 1938 food and drug law were never tested for efficacy or toxicity, neither one.

Mr. Gordon. You mean the 1962 law, don't you?

Dr. WILLIAMS. No; I mean the 1938 food and drug law.

Now, this moves up to 1962, but I think under the 1962 law they can go back, when they get the time, and eliminate toxic substances from the market.

Senator Nelson. Or any substance that does not have therapeutic

value or just toxic substances?

Dr. WILLIAMS. I am not too sure about the law.

Someone else may know better than I, but I am sure under the 1938 law that this could not be done.

Senator Hattield. Dr. Williams, I think the quality control factor here in this discussion is very important, but also I want to go back for a moment to the educational part of this problem.

It seems to me that in your portrayal of the average American physician today as a sincere overworked dolt, as he relates to the prescribing and the understanding of drugs is something that must be the

concern of this committee and to the profession.

Since you are in a very unique situation as a professor of pharmacology at a very distinguished college of medicine, I would like to know if there is any possibility that in conjunction with your university school of medicine, that this committee could have—Senator Nelson, if it would be appropriate for me to make this request at this time—