

an analysis of the curriculums as it relates to both the general practitioner and also to the specialist in internal medicine, an analysis of that curriculum as it relates to the infusion of pharmacology and an understanding, not only in terms of the toxicity, the efficacy, the therapeutic values and all of these other things. Price, I think that is really secondary. I am more concerned about the therapeutic values of the drugs which will be generally in the field of his practice.

Again, I emphasize, as I did before, that I think the protection of people's lives is so important, and that if the physician is doing as you say he is doing here, due to ignorance, due to lack of understanding, it seems to me that we must not only attack it from the point of view of those who are already in the practice, providing them with this added service, or source of reliable information, but we should do a very careful review of the curriculum and the educational programs in which these medical students today are engaged and the premedical students are moving up into.

I don't think we can leave that front unattended and not emphasized to the proper degree, and I am wondering if you could not be very helpful to us in this way, because of your dual professional status, training, and background, and now involved in this great institution of learning, as well as in your knowledge of the hospital.

I am very interested in the educational aspects of it.

Dr. WILLIAMS. So am I. Let me be defensive for a moment.

Senator HATFIELD. I didn't mean to put you on the defensive.

Dr. WILLIAMS. No, I just meant that your use of the term "dolt" is your interpretation of my remarks and not a statement that I made.

Senator HATFIELD. No.

Dr. WILLIAMS. Because some of my best friends are physicians and I wouldn't want to get involved in that.

Senator HATFIELD. But when you make these observations that the average practicing physician today is really making prescriptions with very little knowledge except that which is told him by a salesman of drugs, this is certainly not in terms, I believe, of high professional practice.

You indicated, of course, he is sincere and he is overworked.

Dr. WILLIAMS. That is right.

Senator HATFIELD. But I think it is a matter of prescribing in ignorance as you indicated awhile ago, that in ignorance he does this. So I don't mean to indicate either that all physicians are dolts, but as I read your portrayal in many instances he is ignorant.

Dr. WILLIAMS. He just doesn't know, that is correct, and he has no source of information.

Senator HATFIELD. But he should know.

Dr. WILLIAMS. But he should know for your safety.

Senator HATFIELD. All right. So he is ignorant.

Dr. WILLIAMS. Right.

Senator HATFIELD. Then he is a dolt in that sense?

Dr. WILLIAMS. He is uninformed. Let me use the term uninformed.

Senator HATFIELD. Uninformed, all right.

Dr. WILLIAMS. No; you are completely right, and I think this has crept up on us.

Senator HATFIELD. I am completely right on the dolt, you mean?