cian. But as we have heard this morning, the physician often doesn't know the cost. The patient puts his trust in his physician. The physician does not respect that trust if he prescribes drugs which are much more costly than they need be. In fact, if he is aware of this, in my opinion, he is dishonest. But I think in general he is not aware of it.

In all that I have read and heard on the subject, I have seen no proof that generic drugs are inferior to trade name drugs. They are bought by many hospital authorities, and I expect our politicians and Presidents, when they are treated, are treated with generic-name drugs, if they go to Walter Reed Hospital.

It is common knowledge that one primary producer often supplies the drug to both the low-cost generic marketer and the high-priced trade name seller. Indeed, in several instances the primary producer is the expensive trade name seller. Some examples of this are prednisone, thiopental, and chloroamphenical, and some of the antihistaminics, tripellenamine, for example. We are asked to believe by the trade name companies, that they pay for the research and development from the high prices charged the individual patient and they sell in bulk at a loss to the low-priced generic purveyor who is underselling them.

I can't believe this. I think the drug companies know enough about business to make sure that in selling drugs in bulk, they cover the cost of their research and development.

Finally there are high-priced trade name sellers who have not done any research and development work on the product they sell and still they sell at high prices, higher even in some instances than the companies which have done the research. An example of this sort of thing are drugs which have been developed in Britain and in France, and are sold here at much higher prices than they are in either Britain or France. Chloropromazine is one of these drugs, and some of the oral antidiabetics, for instance tolbutamide, is another one.

The drug market, in my opinion, is fantastic because I know of no other segment of the economy in which the high price seller has a larger share of the market than the company that sells the same product for less. This happens, in my opinion, because the purchaser is captive, and because the physician lacks the appropriate knowledge or is prejudiced, and because the advertising is effective.

Now by prejudice here I mean that one hears from many physicians that they will prescribe only the medications prepared by reliable companies, and that they are opposed to "fly-by-night" manufacturers. Generic-name companies in general in many instances have been so designated.

The pharmacist in our own medical school uses this designation for many companies which are selling generically. I have constant and frequent arguments with him. I have never been able to convince him just as I have not been able to convince many of my medical colleagues that generic in drugs are in no way inferior.

Hoover was once synonymous with vacuum cleaners. Today a trade name Benadryl ® is synonymous with an antihistaminic which is prepared by a particular company. Just as with Hoover, so today there are many generally available drugs known to physicians only by trade names.

I, for example, can remember only the trade name of the common antihistaminic drugs. They are easier to remember. To lecture I have