to go and look up the generic names of these, because, no doubt, I have succumbed to advertising as have most physicians.

I do not believe that there is any justification for the high trade name prices charged the patient, except for higher profits and bigger advertising. The arguments for higher production costs, greater purity and research and development are at best unconvincing and at worst false. The testimony before the Kefauver committee brought this out.

This country has now, rather belatedly, accepted the principle that good health is a right rather than a luxury, and that all have an equal right to the available treatment. There are many factors militating against this, and one of these is drug cost. Much could be done to reduce drug costs if we had an informed public, informed and altruistic physicians and honest pharmacists. The pharmacist can seemingly set any price he wants for any drug, generic or otherwise. He can and often does, as the AMA has recently found in Chicago—the AMA conducted a survey of druggists in Chicago purchasing drugs under generic names, and found that these are often more expensive than drugs bought under proprietary names. I think all that this proved was that in Chicago there are pharmacists who are taking advantage of the patient who appears with a generic name prescription.

Senator NELSON. I don't know whether this issue was raised or not, I simply saw a news story about it, but isn't one of the problems the fact that there are so many drugs on the market the doctors generally prescribe by trade name? I don't know whether you checked that in this case, but couldn't it have been possible that the pharmacist just didn't have available the generic and that he is allowed under the law to supply the drug under its trade name instead of under its generic name?

Dr. MAGEE. That is possible; yes. I got the impression from the article in the AMA News, that generic names were available, but no cheaper.

It did not specifically say so as far as I remember, but this was my impression. Of course, this again is another factor in the cost of drugs. The druggist has to stock such an enormous number of trade name items, oftentimes the same drug, sometimes slightly different, but with the same action.

For example, I would suspect there are something of the order of 50 different antihistaminic drugs. This number is quite unnecessary. In lecturing on the subject I treat them as one since virtually all have general characteristics in common.

Senator NELSON. All antihistaminics?

Dr. MAGEE. Practically all antihistaminics. They differ slightly in degree. For example, virtually all antihistaminics produce depression. Some of them to a lesser extent than others. Practically all of them have local anesthetic activity, some slightly more than others. There is, therefore, no justification for 50 or even 20 separate and distinct antihistaminic drugs.

Senator NELSON. Do you know how many drugs there are on the market?

Dr. MAGEE. Antihistaminics? I think there must be over 20.

Senator NELSON. I mean in total.