pose is to keep up standards and to maintain business ethics. But, however it is done, I think there is an absolute need for comparative testing, and the information has to be available to the physician.

Senator NELSON. Did you hear Dr. Williams' testimony?

Dr. MAGEE. I did, yes, this morning.

Senator NELSON. He discussed that in some detail. Do you agree with his position that it is a very important matter that ought to be settled, that is, that there ought to be testing chemically, clinically, and comparatively, and that the information ought to be available in some easy form for the physician to refer to?

Dr. MAGEE. I do. You mentioned meat inspection. I think it is at least as important as meat inspection, because we have a past record of death and disablement from the prescription of drugs which were not properly tested. We have an unfortunate backlog of this sort of thing, and we have been saved from a few others recently almost by chance.

Senator NELSON. Even if there weren't any danger to the drug, even if in fact the drug is an efficacious one, isn't it important for the doctor to know which of these drugs are the most efficacious?

Dr. MAGEE. It is important for them to know that, because there is danger that drug may be given which is not particularly efficacious for a condition. The patient may in consequence be denied a more efficacious drug. Again with a multiplicity of drugs, with more or less efficacy, as I said earlier, the cost is kept up.

Senator NELSON. Do you think it is a feasible project for someone, whether it be the Government, as suggested this morning, someone at least who can clinically test all drugs, and to make arrangements via contracts and various other ways to have clinical tests made so that in one place you can collect all the information that told you what you needed to know about the efficacy of the drug, the side effects, and so forth and so on for generic and trade-name drugs. Do you think it is feasible to do that?

Dr. MAGEE. I think it is not only feasible, but essential. I believe now that we have FDA and USP chemical testing of new drugs, but we haven't comparative clinical testing of the same order to the best of my knowledge I think that it is absolutely essential.

Senator NELSON. I used the word feasible. This raises the question whether it is practicable to do it. How big a job is it?

Dr. MAGEE. It would be a very large job. I am certain in the interests of those who are sick, and in view of the fact that illness is a national concern, a concern of every American, whether he is ill or not, that this is something that has to be done. As I say here, our medical record needs improvement.

Senator NELSON. Of course I am reminded of the very large number of drugs, but I would suppose you would take the relatively small group of drugs that is most frequently prescribed, and settle that issue as to their chemical composition and as to their clinical, comparative clinical therapeutic value, wouldn't you?

Dr. MAGEE. Yes, that could be done and I believe is being done now to some extent. There are many older drugs. Those that have proved to be toxic, generally have been dropped in the course of time after illness and death has resulted from their use.