Dr. GARB. Gentlemen, all the pharmacists whom I know are both ethical and competent, and I believe that they can be relied upon to dispense only wholesome, potent drugs.

I have also been told that generic prescribing will cause a shrinking of drug company research. I am heartily in favor of such research, but I believe that it should be rewarded by patents where appropriate, not by the present confusing and inequitable system.

Accordingly, I recommend that in any purchases of drugs from tax funds, whether direct or indirect, generic prescribing be made mandatory, with one stipulation. If the physician has reason to believe that a particular manufacturer's product is needed for his patient, he should be allowed to specify this by writing the manufacturer's name together with the generic name. However, under no circumstances should the private product name be acceptable as a substitute.

If this were acceptable as a substitute, we would be right back in the mess we are in now.

Doctors Azarnoff, Hunninghake, and Wortman, whose paper I have submitted, have made a similar recommendation. They say:

> Therefore we strongly recommend that all drugs be prescribed by generic name. In those instances where the physician feels a specific company's product is best for his patient, the generic name of the drug should be followed by the name of the company whose product he wishes. This appears to us to be a logical solution. After all, if a physician has determined that a specific manufacturer's product is best for his patient, he should at least know the name of the company.

I would also like to make a few comments on drug advertising. Since implementation of the Kefauver-Harris law, the grossly misleading ad has been virtually eliminated, and this is an important achievement of the Congress. However, there are still problems. The enormous volume of drug advertising and promotion is a force which tends to divert the physician from the best type of practice. It is also a major economic waste.

We have heard about the expenditures of the drug industry for research. We ought to remember, however, that the industry spends on advertising and promotion per year from three to five times as much as on research. I am referring only to the prescription drugs. That is, the drug industry spends three to five times as much each year on advertising prescription drugs as it does on its research.

Another comparison might be with medical education. The question of the education of the physician and the postgraduate of the physician was raised yesterday. A justification for this comparison is the repeated statements of drug industry spokesmen that their advertisements are educational.

Our medical schools graduate under 9,000 doctors per year, and expansion is slow because of the expense of educating a medical student—over $3,000 per year per student—which is only partly covered by tuition. Thus, we have a severe and growing shortage of physicians. If the money now being spent on drug advertising and promotion were spent on regular medical education, we could, as far as finances are concerned, graduate not 9,000 doctors per year, but over 50,000.

Of course, we do not have that many qualified applicants for medical school. I am not proposing that the drug industry subsidize medical schools. Indeed, I deplore the existing financial links between the industry and medical schools, however small.