I do, however, wish to point out that in the last analysis, the money being spent—and misspent—on drug advertising is money obtained from the sick American through excessive drug prices.

I raise this point here to give some notion of the amount of money being spent on drug advertising and promotion. The problem is not that the physician is uninformed. The problem is that the volume of advertising noise directed at him is so tremendous that it is very difficult to get anything else through.

I am not prepared at this time to suggest a remedy for the advertising expenditures. Hopefully, generic prescribing will help correct this problem. If not, it may be necessary for the Congress to scrutinize it again.

The reason I am hopeful that generic prescribing will correct the excessive volume of drug advertising, is that we have quite a few drugs still which are sold almost entirely under generic name, and the advertising for these drugs is well within reasonable bounds. It is not excessive. It is not inordinately expensive, and I am hopeful that if we have generic prescribing, this will in itself correct the overadvertising and overpromotion.

Senator NELSON. You made some comment in the latter part of the last page about deploring the existing financial links between the industry and the medical schools. In what ways specifically are they aiding financially, and what aspect of it do you think is not sound?

Dr. GARB. Well, there are actually many financial links between the drug industry and the medical profession, and I deplore all of them. I am in a minority here. I speak only for myself.

I am sure that most doctors and many, perhaps even most medical educators would disagree with me, but I think there is a principle involved.

I think when a patient buys a drug, and pays for it, he should not be taxed involuntarily to support anything else.

The financial relationship between the drug industry and medical schools is a rather minor and trivial one in terms of money, and it is not as objectionable to me as certain other things.

For example, every student, or almost every student, on reaching the second or third year of medical school will get a free doctor's bag with instruments and diagnostic equipment from a drug company. Well, now you can say "Why not?"

I think it is poor policy. Somehow or other it just does not seem right to me for drug companies to take money which they are getting from patients and turn it over to a medical student or a doctor. I think that the medical student should pay his own way through medical school or get a scholarship or a loan or something like that, but I do not think he should be supported by the sick people, except, when he becomes a doctor, by direct fees.

Now, this as I say could be considered minor.

Then we go a little further along the line, and we get into certain financial relationships which I think are absolutely abhorrent. We find, for example, that at many medical conventions free drinks and sometimes food are supplied by the drug firms. I think this is absolutely wrong and absolutely unethical.

I have heard the argument that it does not make any difference. "After all, do you really think any doctor is going to be influenced in