

Senator NELSON. Is there a readily available source of information so that the doctor can open up a book and see a listing of all generic names and all trade names and readily available summary as to what the side effects are, a scientific evaluation of the clinical information that is available from experience with this drug from all over the United States. It is one thing to go to the New England Medical Journal, it is another thing to read a medical letter one month and miss it the next month. But we have drugs. They are used all over the United States, and I suppose a relatively tiny, small number cover 90 percent of the treatment, it may be 100 drugs, it may be what, I don't know, but what does the private practicing physician do?

Can he turn to an index and see them all listed and a patient comes in and says "I have had Pentids." The doctor knows Pentids but there are 10 other trade names he doesn't know. It doesn't strike a point with him that the person is allergic to, in this case, penicillin.

Senator LONG. Could I just interrupt you, Senator Nelson?

I want to make a brief statement. I am participating and cochairing a hearing taking testimony from Dr. Galbraith, Mr. Turner, assistant attorney-general, Dr. Mueller of the Federal Trade Commission, and a number of others, dealing with a monopoly problem.

I just wanted to pay my respects to the magnificent job you are doing. I was once chairman of this subcommittee, and I must say that I think it was a wise decision that you, Senator Nelson, are now chairman of this subcommittee, because you have found the time to do a magnificent job.

As chairman of the Finance Committee and assistant majority leader I have been very busy, as members of the committee so well know, and haven't been able to participate in these hearings as I would have wanted to do.

May I say that Senator Nelson and the staff working with him have done a magnificent job in developing this record about drugs and drug prices. We have been keeping up with it in the Senate Finance Committee, and I really believe that the results of the work done here will have a great deal to do with proper Federal legislation, particularly in the medicare area and the medicaid area, where we anticipate that we can find better answers to existing problems and perhaps ultimately save the Government hundreds of millions of dollars a year as a result of the fine job that is being done in exploring and understanding these problems.

One thought has occurred to me in connection with recent disclosures, particularly those that were the subject of press coverage in this morning's newspaper. We should not permit any company to put any drug on the shelves—any drug which is other than what it is supposed to be—to do so is dangerous. It is a hazard to health. Proper inspection of all drugs should be an absolute must in the future. It should be required. We should not permit someone to market any drug that is not what it should be, or is less than what should be required, and we should have adequate inspection to assure proper quality.

I believe that we will be achieving just those goals with legislation in the medicare and medicaid area as exemplified by the bill that the Senator from Wisconsin, Mr. Nelson, joined with me in cosponsoring.

Having done that, having assured that these drugs have the quality that they should have, it would then seem appropriate that we ought to