consultants who are specialists, pharmacists, pharmacologists, or physicians who have been using various drugs. I was thinking of something for him that would be advisory, not compulsory.

I am wondering why we couldn't develop, why it would be impractical, to develop something like that.

Dr. CLUFF. I think it would be quite practical and highly desirable, Senator Nelson, in view of that position. I think it was a misunderstanding on the interpretation of the word "formulary." In many hospitals, of course, a formulary is considered to be restrictive in terms that these are the only drugs that you can use. We won't give you any others.

An informational formulary you are talking about, or a drug compendium, it might be called. One providing discriminating information about drugs, their use, their problems, and their hazards, that indeed could be provided every physician in the country; I think is a very worthwhile endeavor, and you perhaps know more about this than I do.

But I know that this has been discussed by the National Research Council, Drug Research Board, and it was my understanding that there was at the present time collaborative effort between the pharmaceutical manufacturers, the Drug Research Board, and the Food and Drug Administration, in an effort to try to come up with just such a compendium as you describe.

Senator NELSON. I did not know there was this proposal. I have some legislation in a bill pending on that point. Well, go ahead. Do you have something you haven't covered?

Dr. CLUFF. I really don't know whether there is anything else I can add. I would like to summarize, perhaps, the statement that synthesizes my own feelings about this, and that is that one of my major concerns about drugs, and indeed this involves their cost, is what I would consider to be an excessive use of nonprescription drugs by the public at large and an excessive use of drugs by the physician.

Generally, I think this is attributable to unavailability and inadequate guidance and information about the actions and interpretations in the use of drugs.

I think in this instance that if something can be done to improve the present mechanisms of consumer buying, if one wants to use that point, for the public, about how they buy drugs and how they should not buy drugs, and how they make decisions about buying drugs, and what are some of the things that ought to be considered, this would be of great value.

The exact details and implementation of it is something that will have to be worked out. My own personal feeling is that the leadership for the development of such guidance for the public must come out of the Federal Government, probably out of the Food and Drug Administration.

So far as the physician is concerned, I agree the compendia would be a very desirable thing. Personally, I am not at all convinced that that would solve the problem of the excessive use of drugs by physicians.

I still think that one must recognize that some method must be provided for improving our present guidance to physicians about the use of drugs, rather than, as we do now, depending so heavily upon