the pharmacy committee and its formulary as well as a pharmacy bulletin (Exhibit No. 3) and our adverse drug committee all combine to equip the physician to make better use of drugs, old and new. It enables him to stay abreast of the most recent advances and modalities of treatment including effective and rational drug therapy. In view of this, I cannot stress enough the importance of every physician having a hospital appointment. This is a necessity; the hospital is, and will continue to be, the focal point for medical care and the physician without hospital privileges is going to be lost, and the hospital without an educational program is failing both the doctor and the community. In New York City alone there are about 6,500 physicians, more than ⅓ of the 17,000 practicing physicians in the city, without hospital privileges—this represents a menace to the community's health.

As I noted above, a pharmacy committee has important meaning for doctor education. It is also responsible for maintenance of an up-to-date formulary on drug therapy, periodic examination of drugs, regular review of new innovations in drugs, therapy, and review of requests for additions and/or deletions to the formulary to prevent unnecessary duplication of the same basic drug or its combinations and review of adverse drug reactions. These advisory and educational functions do represent some of the major areas of concern for the pharmacy committee.

In addition to these functions and the adverse drug reaction committee, (a subcommittee of the pharmacy committee) we are constantly evaluating drugs being used. Currently, a special committee is studying all of our antibiotics and will come up with recommendations relating to additions, deletions, new dosage, forms, and so forth. This type of activity insures us that we are using the best drug therapy possible.

Our physicians are also kept abreast of recent developments via our pharmacy bulletin (Exhibit No. 3). This is issued quarterly and contains information on drug therapy, drugs, adverse drug reactions, additions and deletions to the formulary, pharmacy committee notes, and investigational drugs.

While the hospital is or can be a major educational force for the physician, it is quite clear that this alone will not provide all the physicians in our country with the kind of secure drug information that they require. Under the cancer, heart disease and stroke programs we will have an opportunity among other things to provide community-wide educational programs. There should be no limit on the imagination and creativity exercised to help keep the doctor abreast of all that goes on in medicine and pharmacology. We will probably have to arrange that every doctor in his office will have access to closed-circuit television which will be utilized by the medical schools and teaching hospitals in cooperation with the FDA and responsible drug manufacturers to bring him factual, reasonably simplified, data which will clear away the confusion. Stories are told about doctors in even great teaching institutions who have been so bemused by the confusing array of drugs that, dissatisfied with the effect of one drug upon the patient's condition, they switched to what they thought was another drug—when in fact they were prescribing the very same drug by some other fetching title.

Medical education is undergoing and requires a thorough re-examination for many reasons. I would hope that in the restructuring of the new curriculum, recognition would be given to this dilemma the practicing physician faces with respect to drugs and arm the prospective doctor with more knowledge and information to deal with this. The Department of Pharmacology of Albany Medical College developed a drug advertising evaluation project which helped the students to learn how to cope with pharmaceutical advertising pressures, the detail men, and other such forces.

To sum up, the medical care expenditures are rising at an accelerated rate. Drug costs are a significant component in this rise. To moderate and control this trend, there must be maximum use of generic prescribing; we must be absolutely secure about the potency and safety of every drug by any manufacturer; the model of the hospital formulary system must be expanded to include Government financed programs, and techniques for expansion and improvement of continuing education for physicians must be developed and perfected.