

Mr. Gordon asked me to list some of these names. I just sat down and took about 5 minutes to collect them. These are all tetracyclines. They are variations on the same theme, and essentially the same therapeutic agent: Terramycin, Aureomycin, Declomycin, Rhondomycin, Achromycin, Tetrex, Sumycin, Panmycin, Tetracyn. They are all essentially the same preparation. So there are variations on the theme, but basically they have the same pharmacological properties. This multiplicity of brand names is a source of confusion to students and practitioners and makes it exceedingly difficult to know exactly what they are using and the relative cost to the patient, as has been pointed out before.

Senator NELSON. May I interrupt?

Dr. KUNIN. Sure.

Senator NELSON. This is as appropriate a place as any. I just asked Dr. Cherkasky about the question of establishing a national compendium. I don't know whether you were listening.

Dr. KUNIN. Yes, I was.

Senator NELSON. Then I need not repeat what I mean by a national compendium. Would you find that a useful compendium to have for the practicing physician?

Dr. KUNIN. I think it is good in principle, but I believe it depends on how it is executed in practice. For example, I can visualize where a compendium would be so large that it would be impossible for any physician to really find it useful in his hands.

On the other hand we have, for example, an extremely good textbook of pharmacology, which would have to be very slightly expanded to include the drug names. This is the textbook by Drs. Goodman and Gillman, which essentially is a textbook of medicine, so to speak. It is such a marvelous and well-written document, that I would say that I would approve the thought of a compendium in principle, but I would like to see how it is constructed in actual practice, before I would blanketly say, this is the answer, the solution to our problems.

Senator NELSON. I am not exactly sure how it ought to be compiled, although I would assume that if there were to be a national compendium, the distinguished authorities in the field of drugs and the practice of medicine would be used as consultants and advisers in determining the scope, size, and nature of the compendium, and at least to my mind it ought to include something like quarterly inserts.

It ought to have the approval of the FDA in order to be certain that the information in it would be based upon the best medical information available. I assume that the FDA will, some time in the not too distant future, engage in an extensive program for quality control and clinical testing to determine the therapeutic value of drugs, so that the compendium would include this kind of information.

This kind of compendium would be available to the substantial number of physicians in this country who do not work in a hospital with a hospital formulary system. This is the kind of thing I am posing as a question. Do you have any observations about that?

Dr. KUNIN. I am in favor of this, certainly, and I believe that if conducted under the conditions that you outline, it would be a very valuable instrument. It certainly would be much more valuable than the Physicians' Desk Reference, which is essentially a compendium of brand names. I think it would be very valuable in that respect.