

90 percent of the cases, doctors would like to have generics in stock that you might very well solve some problems.

Dr. KUNIN. That is right. The physician in a sense is in a vacuum away from the pharmacist and the pharmacist in a vacuum away from the physician. They must talk to each other. They must straighten this out together.

Now, the second portion of this deals with the advertising and promotion of drugs, with which I, like every witness here, am very concerned. I will state this as dramatically as I can. One has to be blind, deaf, and dumb, to lock his office if he wishes to avoid being deluged with direct mail advertising, visits by detail men, and more recently heavy promotion in "throwaway" unsolicited journals which, for the most part, serve as advertising vehicles. One can read in the financial sections of the newspapers about the success of these throwaway journals, which, in my opinion, are taking a tremendous toll in trying to take over medical education. Booths are set up in hospitals and agents of drug firms walk the floors.

I have no objection to ethical promotion of products, but the matter is out of hand.

I cite an instance here in which we tried to teach some students certain facets of the diagnosis of infectious disease, illustrating a particularly difficult diagnostic problem.

We had a break for a few minutes, and the students were in the hall and saw one of the detail men who roam the halls of hospitals, and they chatted with him about this problem. He had a very simple solution: "Why don't you use my drug?" The answer is: "Don't think, Doctor. Just use our drug. It will solve all your problems."

When the students came back they essentially said, "What kind of a teacher are you? You are telling us to do all this work and all this complicated reasoning when all we had to do is use drug X and we would have solved our problem."

This is the antithesis of good education, and I think this practice is to be deplored.

I call this the hall medical school.

Now, there are techniques to combat this. In our institution, as well as others, a section of the pharmacology course deals with therapeutics in which the students do go through a large number of advertisements and very carefully go over the claims. They have very little difficulty in seeing through these claims under minimum guidance.

I have an example here, if you would like. May I present this, sir? Senator NELSON. Yes.

Dr. KUNIN. This is an example. It is called:

A case for Keflin, Sodium Cephalothin.

Temperature down in twenty-four hours; patient free of infection after 8 days. Patient was 51-year-old male with past history of heart disease, alcoholism, and anemia of unknown etiology.

This is the advertisement.

Temperature spiked to 103° F. on third day after admission to hospital for impending delirium tremens. WBC count was 19,800, and clinical findings were consistent with pneumonia of the right lower lobe. Temperature dropped to 101° F. after one day's penicillin therapy, but patient became hypotensive and more toxic. The BUN rose from 70 to 111 mg./100 ml. Treatment was begun with Keflin (1 Gm. I.V. q. 4 h.) and large doses of corticosteroids.

One day later, temperature had dropped and blood pressure was controllable with pressors and corticosteroids. Patient was more responsive but still dis-