I have read carefully Dr. Richard Burack's book, Handbook of Prescription Drugs, and, although I might quarrel about a few technical points, and find his catalogue of drugs too incomplete for an adequate reference for physicians other than for cost, I agree with his general theses.

Dr. Burack is primarily concerned with the interest of the patient and the cost of drugs to him. Most physicians are equally concerned about cost and the lists supplied are very helpful, indeed. The practicing physician, however, and I include myself here, is troubled by what the commercial pharmacist might do with his carefully worded generic prescription. How can the physician be certain that the pharmacist will always give the patient the least expensive preparation, or even that he will carry it in stock? It is entirely possible that the pharmacist may charge prime prices for a low cost generic preparation. This problem is minimized, of course, in hospitals armed with a formulary system and conscientious pharmacists, and by agencies which make bulk purchases; but, what about the corner drugstore?

It would seem to me that this issue could be resolved, in part, by routine meetings between a committee of each county medical society with a counterpart committee from the local pharmacists. A semiofficial formulary with enough flexibility to meet special situations could be devised. Care would be taken that marginal manufacturers not be included. I would visualize that both generic and brand name preparations be available, but that the physician and pharmacists decide exactly where generic drugs may be included to best benefit patients. I believe that the physicians should then be supplied with a list of costs in his area so that he may prescribe wisely. In this way, it is hoped, that confidence between the two groups may be established and that the patient will also gain more confidence in the professions that guard his health.

This is the Monopoly Subcommittee of the Senate Small Business Committee and I may seem to have overstepped my bounds by presenting you with what might appear to be collusion between physician and pharmacist; although this is not my intent. I would like to see some force from the private sector protect the patient's pocketbook from overzealous promotion of drug firms, and enable the pharmacist to maintain a smaller inventory.

(2) *The advertising and promotion of drugs and their impact upon medical practice*

One has to be blind, deaf and dumb and to lock his office if he wishes to avoid being deluged with direct mail advertising, journal advertising, visits by detail men and more recently heavy promotion in "throwaway" unsolicited journals which, for the most part, serve as advertising vehicles. 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 seems almost out of hand.

I was particularly disturbed one day when my group was given the opportunity to spend time with a medical school class to teach careful diagnosis and management of patients with infectious disease. One of the patients we discussed had a rare, but complicated problem which required good clinical judgment and management. We were very pleased to present to the students the details of the evolution of the problem. We then had a class break for 30 minutes. When the students returned, some reported that they had discussed the problem with one of the detail men. He confidently promoted his product and the students then asked, "If so-and-so's drug is good, why do we have to bother about learning how to diagnose the patient's problem? We could just use that drug." This is, of course, the antithesis of good medical practice and almost undid our teaching effort. Sometimes I feel as though the detail man has more time allotted to him in the "hall medical school" than do teachers of infectious disease in the medical school curriculum. Similar problems are encountered in house officer training.

Medical student exercises in analyzing claims made in drug advertising are very enlightening to them and to their teachers. Such discussions are an important training ground for the future practitioner.

It would be wrong to blankedly condemn detail men. They are often helpful to physicians and simply doing as they are told. Their gimmicks, however, are disturbing. These include unnecessary and useless presents. Steak parties for house officers, gifts of books and medical bags to graduating students and trips to the big city including wives of medical students. This seems to be going much too far. The companies seem to be trying to make friends of impressionable medical students and house officers to open the future office doors to their detail men. A paper by Hagood and Owen, Virginia Medical Monthly *94:* 110–114, 1967 supporting this position, is attached.