Of the 73 polled, six owned stock in one or more drug companies and 58 of the non-owners considered such stock to be a good financial investment.

Most answers rated the pharmaceutical industry's record in development and testing of new drugs as good (41, or 56%), its marging of profit in prescription drugs as wide (35, or 48%), and its performance in disseminating information about new drugs as good (39, or 54%). Most of the other answers were equally divided between the two evaluations nearest the mode ("very good," and "fair").

Knowledge of the current Food and Drug Administration regulations regarding clinical drug trials seemed to be greater among residents than medical students: 26 out of 35 students had at most a vague cognizance of them; 17 out of 32 residents had a fairly good or exact knowledge. Most medical students felt they were "necessary and reasonable", but the residents were divided equally between this viewpoint and "necessary and unreasonable". In addition, five residents felt them to be "unnecessary and unreasonable", and three "highly commendable and long over-due".

The ratings of best sources of comprehensive information about new drugs are shown in Table I. The influence of faculty and house staff rises to a peak during the intern year and then progressively declines. Articles in medical journals appear to be the most consistently respected authority throughout, with the *Medical Letter* running a close second during the post-graduate period. Advertisements, mailed literature and the detail man are usually at the bottom of the list, although the latter performs better during senior residency years.

TABLE I.—Q.8. WHICH DO YOU BELIEVE TO BE THE BEST OVERALL SOURCE FOR COMPREHENSIVE INFORMATION ABOUT NEW DRUGS?

[Legend: M.S.—medical student; I.—intern; R.—resident. Numbers indicate years of training. Abbreviations for sources self-explanatory.]

M.S.2	M.S.3	M.S.4	I.	R.1	R.2	R.3	R.4
Insert	P.D.R.	Journ.	FacHS.	Journ.	Journ.	Journ.	Journ.
Journ.	Journ.	FacHS.	Journ.	MedLet	MedLet	MedLet	MedLet
FacHS.	FacHS.	P.D.R.	P.D.R.	FacHS.	FacHS.	Insert	Meets.
Meets.	MedLet	Insert	MedLet	Meets.	Insert	FacHS.	FacHS.
P.D.R.	Meets.	MedLet	Meets.	P.D.R.	P.D.R.	Detail	Detail
Ads.	Mail	Meets.	Insert	Insert	Meets.	P.D.R.	P.D.R.
	Insert	Mail	Ads	Ads	Mail	Meets.	
	Detail	Ads	Mail	Detail	Ads	Mail	
	Ads.	Detail.	Detail.	Mail.	Detail.	Ads.	

In the matching quiz, some generic names were almost as familiar as their corresponding trade names but there were some impressive discrepancies: 60 persons correctly described Elavil (Merck Sharpe and Dohme) as a mood elevator but only 14 of these knew that its generic name was amitriptyline; 60 persons knew the therapeutic action of Dulcolax (Geigy) but only 23 knew its generic name.

The last two questions produced the most spontaneous responses. The suggestions for the pharmaceutical industry are summarized in Table II. The same general sentiments are reflected in the responses to the last question, illustrated in Table III. The same three sources of dissatisfaction (detail men, advertisements, and gifts) are again apparent.

TABLE II.—*Q. 10. The drug industry could best serve the medical profession by*

Sponsoring more post-graduate courses	18
Distributing more educational material	18
Cutting prices	16
Changing its advertising policy	15
Changing its drug sample policy	15
Changing its detail man policy	14
Developing more new drugs at a faster rate	7
Changing its drug development policy	7
Continuing just as it is	5