to be able to share more effectively information that we have about drugs and in turn, have physicians inform us about their experiences with the drugs that they are using on their patients.

Now, I have no question that as our data processing capabilities develop and as the communications linkages now being tentatively explored are developed that we can be involved much more directly with the practicing community. In some countries—Australia, England, for example—they do have much more frequent communications between the Government agency and the physician than we do. These are smaller countries with fewer physicians, of course.

Senator NELSON. Would it be feasible as some partial achievement of that objective of communication to regularly communicate with the president of the county medical societies, or that your communication be read at county medical society meetings, or that they duplicate it and send it to physicians, that sort of thing?

Dr. GODDARD. This is a possibility that we had discussed in the past. It is one that we have not used and need to explore further, Senator Nelson. There are 3,000 counties in the United States today and this should not be an excessive burden in communication costs for us. The only problem is whether the next step is actually taken to get information from the county medical society secretary to the members. I think in most instances we could count on that being done.

Senator NELSON. What kind of information did you send in the two letters?

Dr. GODDARD. Well, the letters that we have sent primarily are concerned with changes in labeling and adverse reactions to drugs. We have also caused other letters to be sent by firms with respect to their advertising. This was done under our direction, so in a sense, we caused a communication to occur then, too.

Senator NELSON. I think the idea of better communications is a good one. As a matter of fact, I did not know that you had sent the letter, but in 1 week's time, two physicians mentioned to me that for the first time during the course of their practice, they had heard directly from the Commissioner and they were very pleased to have received your communication.

Dr. GODDARD. We get a fair number of letters from physicians, Senator Nelson, who express their point of view about a given drug or about these letters sent to them and raise questions with us. That is fine, too. There is just the very beginning about some communication now between the Food and Drug Administration and the practicing community. We badly need to encourage that. We would welcome the more frequent direct communication, particularly on drug experience, from the practicing physicians.

In turn, we need to get information out to them and we will be exploring a variety of methods for doing this.

Mr. GORDON. Dr. Goddard, can you conceive of a communications network tying the FDA in with every doctor in the country?

Dr. GODDARD. I can if it is a network that is created for purposes other than communication only with the FDA. We did look into the possibility and had a number of meetings with A.T. & T. in early fall of last year, with the American Medical Association, PMA and others involved in these meetings to try to explore the use of the existing telephone network to get messages to doctors quickly when there was a