Dr. GODDARD. Although this beginning is modest, greater emphasis will be placed on this program in coming years, and additional names, many of which have already been selected by the council, will be adopted by regulation. Along these lines, Senator Nelson, I would make a few more remarks about the continuing education of physicians in this country. Data such as will be available within FDA on the microfilm are needed throughout the medical community; I have already commented upon our support for compendia containing such information. Medical advertising has been cited before this committee as one of the forms of continuing education of the doctor. I would agree with this appraisal, for—whether good or bad—industry spends some $3,000 per year per doctor on promotion. I have described to you our attempts to assure better medical advertising. We will continue to strengthen our monitoring of such advertising.

It has been suggested that further educational activities could take the form of FDA announcements of newly approved drugs to the medical community. This suggestion deserves consideration, but mailings of this volume are extremely costly and would be impossible without larger appropriations.

We are currently working with Duke University, the Universities of Wisconsin and Pittsburgh, and others to get specialized drug information to doctors and students in surrounding areas. We will continue to broaden these programs and strengthen them.

There is one subject, Senator Nelson, which has not been discussed recently, and one which might well benefit from a comprehensive review by a committee of the Congress. Today, as we all know, there is a tremendous shortage of scientific personnel. Research activities all over the country are hampered because of this shortage. Yet, under the policy FDA has followed since 1938, clinical data submitted to FDA by one firm cannot be utilized by a second firm wishing to market the same compound. It would reduce much duplicative research to place such data in the public domain, available on a specific request, making it usable by all once it is employed to support a new drug approval. This is essentially the procedure presently followed under the food additive and pesticide chemicals provisions of the Federal Drug and Cosmetics Act. We recognize that such a change raises the questions about the circumstances under which data purchased with private money shall be placed in the public domain. But we also realize that the scientific-medical community may have a valid need to know the detailed scientific basis for approval of a new drug that may be used by millions of people. This is, indeed, a basic policy question that deserves the most careful attention of all concerned, including the Congress.

Mr. GORDON. Dr. Goddard, I am a little bothered about these statistics on drug recalls. Do you have before you the sheet which we compiled?

Dr. GODDARD. Yes.

Mr. GORDON. You will notice that the Pfizer Co. sent out 40 million physician samples which were subsequently recalled.

Dr. GODDARD. Yes.

Mr. GORDON. The hazard is stated as serious, and the samples were received by practicing physicians. Is this not probably the most dangerous type of recall? Because it is in a doctor's drawer he merely