

Senator NELSON. I don't know. Some of the representatives are forgetful. I thought you might call it to their attention directly.

Dr. GODDARD. I will be happy to do that, Senator.

Senator NELSON. Did you have any other questions, Senator, on the compendium?

Senator JAVITS. No. Thank you, Mr. Chairman.

Senator NELSON. Thank you, Senator.

If you would just hold up a moment, I had some notes, and I wanted to see if I covered everything I wanted to cover.

Doctor, about 2 weeks ago, I think, the American Telephone & Telegraph Co. appeared, as well as some distinguished physicians, and part of their presentation was a discussion of the idea of making available by telephone communications and otherwise, electronically, information on drugs to doctors so that a doctor could just pick up his phone and dial a number and make an inquiry about a drug and get a 5-minute lecture from a very distinguished authority on the drug, plus the doctor's name so that if he wished to call that doctor directly for a broader exploration of the question, he could do that.

Do you have any views upon the value or feasibility of the use of this kind of development?

Dr. GODDARD. Well, I was acquainted once with an operation that was known as Mediphone, which was intended to serve some of the same purposes that you have talked about. It was a service offered to physicians. And as I recall, the subscription fee was \$25 a year. And the physician could call in and get information on any drug in the marketplace. It went bankrupt—

Senator NELSON. That was on drugs?

Dr. GODDARD. Yes; this was on drugs.

Senator NELSON. Where was this system used?

Dr. GODDARD. Well, it was introduced nationally. It was preceded by advertising, offering of subscriptions, and so forth, but it went bankrupt within about 3 months.

I would have to know more of the details as to how the physician would become involved: Would it be on a paid subscription basis? Would it be a free service? Would it be regionalized?

We are looking at the use of the telephone from the standpoint of trying to improve the reporting of adverse reactions of drugs.

We are working with the local medical societies to try to set up a trial to see whether physicians would be more willing to share their drug experiences by reporting them by just using the phone rather than by writing a report. And if this works locally, we may tend to try it regionally from, say, the New England region where the physician could make a call free of charge to a number here in Washington and report adverse experiences. And if that were to work, then we could make it a national system.

Now, ultimately you could have an exchange system built up where the physician could not only call and report an experience, but call and get information.

It is a difficult task. There have been a number of instances of attempts to provide information to physicians.

RCA had a very unsuccessful one, a lecture series on the radio.

I would have to know more about A.T. & T.'s proposal in depth before I comment on the merits of the points you have raised.