Perhaps the hearings of this subcommittee and others of the 90th Congress will appear in historical perspective as the major social pressure of this transitional period. Certainly, the transition would be much slower without this congressional prodding and the support of the profession of pharmacy.

In our statement to the Senate Committee on Finance, we also reported that pharmacists have no regrets over the demise of the "brand-name era" for prescription drugs. We believe that we adequately reflected the attitude of the practitioners of our profession.

The "brand name era" has been characterized by large price differentials for identical products sold to government, hospitals, and other preferred buyers; heavy promotional costs; excessive sampling; special prices to dispensing physicians to gain acceptance for a particular brand; free goods to pharmacists with large volumes; and price premiums for what are essentially identical drugs.

The testimony presented on prednisone and reserpine before the subcommittee forms cases in point. The manufacturers could not affirm, scientifically, that any one of their particular brands was in any therapeutic sense superior to any of the others, yet community pharmacists are forced to purchase some at substantial price premiums.

We cannot believe that any enlightened member of our profession would urge continuance of a system that spawns these practices. We are confident that some of the leaders in the pharmaceutical industry are recognizing the basic inequities which both patients and pharmacists have had to endure. Even if it were in our self-interest, pharmacists couldn't restore the "brand name percentage market" era. We would be at a loss as to how to begin the first step in turning the clock backward.

There are several benefits which will accrue to the public and to our profession if prescribing by scientific nomenclature becomes the rule by choice rather than the exception by necessity.

Mr. GORDON. The former president of the Pharmaceutical Manufacturers Association once stated that, and I quote, "One of the greatest evils of the use of protected names lies in the confusion they create."

Do you agree with him?

Dr. APPLE. I would certainly agree with that statement.

Mr. GORDON. That was, as you know, Dr. Austin Smith.

Dr. APPLE. If I recall correctly, though, I think he said that when he was with the Council on Drugs of the American Medical Association.

Mr. GORDON. That is correct.

Senator NELSON. He would stand by it all right after he became president of the manufacturers association, don't you think?

Dr. APPLE. Leading medical practitioners and educators who have testified before congressional committees have pointed out the manifold benefits to medical care through the emphasis on scientific nomenclature in prescribing medication for patients. From the viewpoint of the pharmacist, all of his professional education would be better utilized for the benefit of patients if nonproprietary nomenclature was employed by manufacturers as well as prescribers.

The pharmacist is the member of the health team who is the specialist in drug therapy. Today, a pharmacist studies drugs a minimum of 5