certain kind of weave, and a certain kind of cotton, and the rest is up to him.

Now, what is your comment on that?

We talk about formularies and compendiums and so on. But isn't that really the essence of the thing? That is what this is all about?

Mr. STETLER. Senator, if we were—if we could—and I make the point right at the beginning we cannot—if we could be sure that all of the drug products that are on the market were safe, effective, and if they bear the same generic name, that they are equivalent therapeutically, then a doctor could with freedom and ease and safety write generically and permit the prescription to be filled by any drug the pharmacist carried.

That is not a fact. That assumption cannot be made today in this country. And I doubt, frankly, given the varying credentials of manufacturers and the way they do their job, that it will ever be made validly.

But I do not disagree with your basic premise, and that is that the people that make the decision as to what drug they are going to finally purchase, whether it is the patient or whether it is the doctor as the agent for the patient, has to know more about the prices that exist for the products that he is going to prescribe.

He has to make that decision first on the basis of known therapeutic effectiveness and a quality source.

But assuming there are multiples that fill that requirement, he should know something about price, and he should help the patient save money.

We say that in our statement, and we are sincere about that view.

Senator JAVITS. Dr. Goddard—and I am obliged to the chairman for this, and the minority counsel, Mr. Grossman—testified as follows on page 768 of the record.

This was in answer to a question by Senator Scott.

Senator Scott asked:

> At this time your agency cannot assure physicians that the chemical equivalent drugs now on the market are therapeutically equivalent. But is it not a fact that you are working toward that end, that you are seeking to be able to do that?
>
> Dr. GODDARD. Yes, sir. I do not think anyone can provide absolute assurance that the therapeutic equivalency exists for every drug in the marketplace. But by the same token I have not seen any good evidence from any firm, large or small, that their drug is superior to anybody else's. I hear the statement made time and again. I have challenged representatives from firms who have made this statement to show me the evidence that its drugs are superior. Generally now we are talking, you understand, from the pre-1962 drugs where effectiveness did not have to be proven.

Now, do you have any comment?

Mr. STETLER. I have a very specific comment on that. I cannot recall when Dr. Goddard made that statement. But some of the discussion that has gone here a little earlier today——

Senator JAVITS. The 10th of August.

Mr. STETLER. We have stated that we have today, and the material has been given to the Food and Drug Administration, that on a very significant product, chloramphenicol, these tests have been made, FDA has had them, the preliminary results, for several weeks, they now have all the results, and so does this committee.

Now, we are prepared to discuss it. But it was decided earlier today that the committee has not had a chance to review it. But whenever