that it is easier to say why price should not be in the compendium than it is to come up with a satisfactory alternative.

I will say this however: Given the variations that exist in price from day to day and from store to store—and of course the doctor, if he is going to help his patient, has to be concerned with retail prices—it is difficult to suggest a practical current way.

I would just say as one possibility—and I have no great pride in this suggestion—possibly through the only organization that is available to him, through a county, possibly a local city or county medical society—they could assume some responsibility in making price information available. That is far from perfect, I am sure. But I believe it provides more chance of general distribution, and more chance of remaining current, than to try and bind it in a compendium or in a quarterly supplement to a compendium.

Senator NELSON. This morning we talked briefly about a compendium. You are aware of Dr. Goddard's testimony last week?

Mr. STETLER. Yes, I am.

Senator NELSON. At that time he said the industry and FDA would be conferring with the Drug Research Board on this matter.

And he also expressed some concern about the lack of progress since the first time this issue was raised 2½ years ago.

Is there any realistic prospect that some agreement may be reached on a compendium?

Mr. STETLER. I would have to say in terms of one more meeting of the Drug Research Board, the prospects are not good. Just let me mention a couple of reasons.

One I mentioned this morning, and that is I really have a very distinct feeling that the doctors, at least to the extent the American Medical Association speaks for them on this issue, do not believe the type of compendium that has been discussed for this last 18 months or 2 years is the kind of book they want.

Given that lack of enthusiasm by doctors for the book that is supposed to serve them, almost anything I had to say on the subject would not be binding.

Secondly, we really have not come to grips with the questions I identified this morning, on the format, the size. Until those things are resolved, it is going to be difficult to come to a decision.

Now, I am sure it is obvious that the industry is not interested in a completely generic compendium. First of all, it gives no identification to their products. It equates the worst manufacturer with the best manufacturer. Unless the manufacturer had some opportunity to indicate in the compendium where he might be different or excel—in other words, if he has done the clinical testing we have talked about if that could be identified, as contrasted with those that have not—if he has an opportunity in this compendium to capture or retain some of the differentiation that is possible in the package insert, I think there would be some enthusiasm in the industry for the compendium. But if he is just going to obtain anonymity in the book, it is going to be hard to expect him to put up the money to pay for it.

But I do think until the doctors are much more specific on what they want, it is going to be a tough question to resolve.

Now, as far as this meeting of the Drug Research Board is concerned, to get a little closer to the answers to these questions, and since