FDA is going to be the final authority on the approved language, it may be a worthwhile exercise to take the first 50 or 100 drugs in the Physicians' Desk Reference, and for the Food and Drug to put down how they would be handled. If I could see the format for the first 100 drugs in the Physicians' Desk Reference, how that is going to be handled, I think I could come to a much quicker recommendation to our industry as to our reaction to that kind of book. And I think maybe the doctors could say yes or no—that it is a good book, or that is a bad book.

Senator NELSON. What is your view of the problem that is sought to be resolved by the use of the compendium?

Mr. STETLER. I think there is a very legitimate desire to place in the hands of doctors information about available drug products—not necessarily every available drug product, but certainly the ones that are in common usage.

Now, I think it should be something less than a package insert, which is much too long and detailed in many respects.

But in fairness, again, to the manufacturer, and to the doctor who is going to be making some drug decisions from this book—we should give him some information that is going to let him make a better assessment of the producer or the source of these products.

I do not think that the doctor now gets that type of information readily from the package insert. But we should not necessarily jump from the package insert to something that also is not going to meet the problem.

I am not as impatient as Dr. Goddard is about trying to find out more specifically the answer to some of these questions. But that does not mean that we are opposed to a compendium.

We have looked very carefully, incidentally, at your bill, S. 720, which you have said you want to look at some more. But I think, as I said this morning, there is some desirability to the introduction of a new bill and to the conduct of some hearings on it.

Senator NELSON. Tell me this.

I don't have sufficient knowledge to know what the problem really is. But it is certainly a different problem for the physician who is practicing daily, say, in a university hospital, or in a big city hospital, with a formulary, and pharmacologists and pharmacists available for consultation. The problem of the physician practicing there is certainly dramatically different respecting the availability of information about the use of the drug in a particular instance than it is, to take the extreme case, of a country practitioner alone in a rural area. And it is quite different, I would suppose, for the specialist who deals only with heart patients or who deals only with allergies, or who is an ear, nose, and throat specialist using a very limited number of drugs, than it is for an internist, for example.

So, for each one of these specialties you have a different problem. And I suppose that the problem of getting information is not as serious for physicians practicing in the hospital as it is for one who does not; nor is it as difficult for one who is in a specialty which requires the use of a very limited number of drugs, as it is for a general practitioner.

So one problem that has concerned me is how the practicing physician who is alone, or in a very small group, or in a very small hospital,