

obvious that if you have an epidemic that is nationwide and an epidemic is produced by a drug that is sold or distributed under a hundred different names, its detection becomes much more difficult.

I shudder to think that if a drug were ever produced as a tranquilizer or as a good tonic or a drug claimed to increase virility, and it affected the sperm in such a manner as to injure the brain or even the reproductive organs of the fetus, how difficult it would ever be to trace that drug, and how virtually impossible if the drug masqueraded under 500 different names.

I don't think this is an impossibility, in truth I don't believe it is more improbable than landing a man on the moon seemed 30 years ago. Therefore, one of the helpful things we can certainly do, is to see that the generic name is on the label.

Senator NELSON. In your article published July 11, 1963, in the New England Journal of Medicine, on page 93, you address yourself directly to this point. I want to read from that, and ask you a couple of questions, because I think you have addressed yourself specifically and clearly to the issue that you raise here, as to the manufacture and distribution of drugs, the same drug under a multiplicity of trade names, and the danger involved. In that article you said :

The difficulty in detection of the production and sale of drugs containing thalidomide is illustrated by a report in the Brazilian magazine, *O Cruzeiro* of September 6, 1962. The investigation was precipitated by the birth of a child with phocomelia. The magazine writer was told that thalidomide was not on sale in Brazil, but through his own inquiries he learned of 50 other infants born with phocomelia. Thereupon, he visited a pharmacy and purchased the drug under the name of Sedin. Later he found that Sedalis and Slip were also manufactured in Sao Paulo and distributed in Brazil.

Thereupon, the health authorities instituted an investigation. They found that thalidomide was sold under five different names, Sedin, Sedalis, Slip, Ondasil, and Verdil. Moreover, in a ten-day surprise search, they confiscated nearly 2,500,000 pills—or boxes of pills—46,000 flasks containing thalidomide and 96,000 kilograms of the pure substance in the pharmacies and pharmaceutical firms in Sao Paulo.

This was in the summer of 1962.

Dr. TAUSSIG. Yes.

Senator NELSON (reading) :

Such events illustrate the importance of an international office of drug information that would notify the health authorities in all countries of the world when a drug was suspected of being dangerous.

Although the drug has been withdrawn from the market, the danger is real that thalidomide, which has masqueraded under so many different names in so many parts of the world, will turn up again and again. Some pills, which were prescribed in good faith by physicians are now tucked away in many a medicine closet, with only a prescription number and no name. The serious consequence of this well established custom of filling prescriptions by number is illustrated by one unfortunate woman who, because the bottle was unlabeled, unwittingly took Distaval during two successive pregnancies and has two children with phocomelia. There is a movement in England to change the law so that the pharmacist would be required to put the name of the drug on a prescription unless specifically requested by the physician to withhold it. Although there is no law in the United States regarding withholding the name of a medicine given by prescription the custom is firmly established that prescriptions are filled by number and the name of the drug is withheld. This is a dangerous custom since it means that a large amount of unlabeled medicine is accumulated by everyone. There is danger not only that a medicine that has been withdrawn from the market may remain available but also that, when medicines are taken by mistake, especially by children, the doctor may be at a loss to know what has been taken. Although