

Senator NELSON. That method certainly is not the equivalent of an equality method of presentation, using a distinguished therapeutic or formulary committee in a hospital, even though of course detail men do go to hospitals.

Mr. SQUIBB. Yes; and sometimes the committee will ask a detail man to come in and describe a given product to the therapeutic committee.

Senator NELSON. Yes.

Mr. SQUIBB. Just within those limits and to make a presentation on his product, they might ask several in. Then they have to make their judgments.

Senator NELSON. As a matter of fact, I am familiar with cases where that is the single assignment of the detail man. He spends all day every day at the hospital. However, under that circumstance vis-a-vis a sole practicing physician, you do have in that hospital an expert in blood dyscrasia, an expert in heart disorders, internists, and others plus pharmacologists and pharmacists. So you can benefit from the experience of people who have tried all these various kinds of drugs, or read the literature or have their own expertise in some aspects of medicine in which they know the drugs used. This is quite a different case from the situation where a single detail man is giving some information to a lone practitioner out in the country some place.

Mr. SQUIBB. Yes, I do not mean this disrespectfully but I found from my own personal experience that when you are talking to a given physician in his office and telling him about your product you are talking to the world's greatest expert. This is his attitude. He wants to know for himself. He is not interested in other experts. You can bring in reprints but you have to be careful in dealing with an individual physician. You are talking to a man who is perfectly capable of making judgment on products and does so as a result of your presentation and information. Doctors do depend on skillful, accurate, careful detailing of products. With all of the drawbacks which you have very well pointed out, it has grown up over the years, and I think it has grown up because there is nothing else, not because it itself may be the best thing that ever will be. Under the conditions that have prevailed certainly in medicine in the last generation, this has been the best way to work it. Now, with the growth of hospitals, as I have pointed out, it is going to put a new burden on the detail procedures, a need for reexamining these detail procedures. There will be new requirements for the detail man, how he is trained and what he does. This is the point. I think the burden that the detail man will carry in 3 or 4 years from now will be quite different from what he carried 3 or 4 years ago, because the medical world is changing. The companies that see this first will get to work on their detailing studies, the effectiveness of their detail staff, and the money spent for it, and they are going to be that much ahead in getting the business out of these therapeutic committees that are springing up and controlling the hospital business.

Senator NELSON. Go ahead.

Mr. SQUIBB. I am in the middle of page 19. The analysis of this cost, that is the cost of the detail man, in terms of time spent to produce a dollar not of sales but of profit is urgently called for, frightfully difficult to obtain, and very painful to apply. But it must be done, and when, as and if it is done, there can only be a large reorganization, reapplication in terms of assignments and resultant substantial