Senator HATFIELD. The second point it seems to me then that needs to be clarified is how then do we deal with the problem of oral detailing? Do we do this with new alternatives to oral detailing? Is there some other approach here or some other technique that can be used in order to bring about a tightening up or a greater control, because as I understand it in the chloramphenicol case, you described the oral detailing as one of the bases of this great disaster. How do we correct that or how do we find an alternative to that problem?

Mr. GOODRICH. We are attempting to correct it first by insisting that all of the written, printed, and graphic matter, both the direct mailing, the tapes, and the motion pictures and all the other promotion, give the physician a full disclosure of the good and the bad that can be expected from the drug.

We are proposing to correct it by being sure that the advertising copy, which runs in great volume, tells the physician accurately and adequately what the hazards and the benefits of the drug can be.

We are trying to improve the advertising regulations.

Now, when we get down to the issue of oral detailing, our first program is to learn more about detailing. We have that project underway. If we find bulletins of the sort that were introduced yesterday and found that they were authorized by the company, we would have authority to take immediate action on that.

Senator HATFIELD. In this situation that you bring up, what do you feel about this increasing or at least it appears to me to be an increasing activity on the part of the industry to advertise directly to the public? And it is not perhaps carried in trade journals and other medical publications.

Mr. GOODRICH. Our view, Senator, has been that in general, prescription drugs ought to be advertised to the profession. The oral contraceptives, however, have introduced something new here, in which the companies have an inclination or desire to advertise the products directly to the public.

We issued a statement of policy on this, saying that where a company decided to advertise a prescription drug directly to the public, it would nonetheless have to have a proper disclosure of adverse reactions as well as indications in terms that were understandable to the nonprofessional audience.

We haven't seen a great deal of direct advertising of prescription drugs to the patient, but the oral contraceptives have introduced that problem, and we have a statement of policy on it.

Senator HATFIELD. How long does it take on the average for your agency to stop a certain advertising practice?

Mr. GOODRICH. Not very long. During the last 2 years we have met with companies on, I believe, 26 or 27 occasions to discuss with them advertising failures. Each one of these were episodes involving a Journal ad or, in two or three instances, labeling in the Physicians' Desk Reference, which we regarded as misleading and requiring immediate change.

I believe without any exception at all, the companies were willing to discontinue the advertising at once. We insisted on a mailing to the profession in general to bring about a correction, and in two instances we have called for the production of corrective advertising.

Senator HATFIELD. Do you consider then this case to be an exception,