of all—those whose lack of financial resources has deprived them of control over their own destinies and made them dependent on the government for care. They are the helpless ones and should be the subjects of our most compassionate concern.

Mr. Chairman, I abhor the thought of a national formulary for federal welfare patients, selected "by committee," listing the only drugs available at government expense to this group of Americans, and favoring generic terminology as an economy measure unrelated to medical considerations.

Generic drugs will *not* assure quality, as I have tried to show; often they will not meet individual illness requirements. Thus, the proposed formulary would discriminate against the beneficiaries of government programs. The number and kinds of drugs which their physicians would be able to prescribe for them—for which they would be reimbursed—would be limited. Other more fortunate citizens would continue, as a matter of course, to enjoy the advantages of the full range of the nation's drug armamentarium.

I foresee the time when, under this arrangement, countless physicians across the country would face the same impossible quandry I faced years ago with the county welfare's list of acceptable drugs—whether to prescribe a drug from the formulary so the patient could be reimbursed, even though the drug might not be the most desirable under the circumstances, or whether to prescribe a drug not listed in the formulary, and thereby penalize the patient financially.

There is the further problem of combination products, those medicines containing two or more active ingredients. There are no generic names for these. Yet the supporters of the national Formulary proposal are placing all their emphasis on generic names for their listings. Would combinations be excluded? Certainly they would be disadvantaged in competition for a place on the list by limitations which have been placed on the acceptance of non-generic drugs by the Formulary Committee. There are many outstanding combinations. I have used them for years. About 100 medicines which would fall under this particular stricture were among the 200 most frequently prescribed by physicians in 1966.

While the legislation to which I have referred is not before this Committee, I am sure it is in your minds. It is significant, for purposes of discussion, because it illustrates so clearly the manner in which enforced generic prescribing by any approach can interfere with sound medical practice; can discriminate against any segment of the population at which it is aimed, and can jeopardize the ability of top-quality pharmaceutical companies to perform effectively by sapping their resources and robbing them of the incentive to compete for recognition.

Getting back to my original premise, when all the emotional polemics which have been evoked by this issue are stripped away one fundamental point remains:

Some companies consistently make medicines of high quality and some do not. The names of the drugs, in themselves, really have very little to do with the problem except as they indicate the source.

What is important to me as a physician is the demonstrated reliability of a product and my being able to act with confidence on the reputation and resources of a particular company. Even a new product with which I have no direct experience carries a greater presumption of safety and effectiveness if the past performance of the manufacturer bespeaks excellence.

It is not simply a commodity that the pharmaceutical manufacturers are delivering; it is relief from aches and pains and conditions that bedevil people. Just as a man who goes to a hardware store to buy a brace and bit isn't only buying a brace and bit, he is buying holes; so drug firms are delivering therapy which just happens to come in the form of pills, capsules, elixirs, etc. But it is that therapy that counts and there is more to it than merely stirring together certain proportions of chemicals and other substances. Quality and performance must be built in and the hard fact is, as all physicians know, some manufacturers do not do this. My guide in selecting a medicine (whether by generic or brand name) which I am sure will provide the desired therapy, has to be the maker of whom I have some knowledge and in whom I have confidence.

Before I conclude, I would like to take a moment more to refer to services to the medical profession which leading drug manufacturers perform and which