to my office January 19. Fortunately, the PDR won't triple its weight this year, as does a newborn its first year of life, but the book will add three-quarters of a pound during the year as the four quarterly supplements are glued in. The prospect of one immense book that fully describes all drugs in PDR plus several thousands of others is not attractive to me in the least. Such a book may be an interest to somebody; but not to me. I am a practicing physician, not a librarian. I need to know a great deal about less than a hundred drugs, not 2,000, as there are now in PDR, and certainly not the 6,000 of 7,000 that would be found in an encyclopedia of the sort being described.

Unless you make your compendium more valuable and practical than the PDR, your compendium will be replaced by a private tome that does this. So you are asking for competition now. Maybe your compendium will force the PDR to become even better. I say this because in the day-to-day active medical practice the doctor wants correct, practical information that is concisely stated. And please—no fine print because one can't underline passages that need emphasis without blotting out print. You may force the physician to keep a copy of your compendium in his office, but you will never force him to use it unless it fits his needs better than other available sources. The sine qua non your new book must offer, practicability in practice. My final note on the compendium is—I don't know what you will have published, but you must leave the ultimate choice of the drug, the dose of the drug, and the source of the drug to the physician who is charged morally, ethically, professionally, and legally to treat the patient. If he assumes the full responsibility of treating any patient he must be free to prescribe the drug he wants.

Senator NELSON. May I interrupt a moment there, Doctor?

Dr. HAGOOD. Yes, sir.

Senator NELSON. So far as I know, no witness before this committee has suggested that the ultimate choice of the drug not be left to the physician. What puzzles me is that we have had several witnesses who put in this sentence which to me leaves the implication that somebody before this committee, or the committee itself, is suggesting that the responsibility for prescribing a drug be taken away from the physician. There has been no such testimony before this committee, and it has not been the position of anybody on this committee.

Dr. HAGOOD. I said this for emphasis, Senator Nelson, because I certainly hope this would never be given any serious consideration before this committee. This is a thing that must remain with the physician.

Senator NELSON. We have not, as I said, heard any testimony to this effect. The Pharmaceutical Manufacturers Association in some of its propaganda has left that implication, because I received a number of letters from practicing physicians who raised the same point. I just wanted to assure you that nobody before this committee has made that suggestion, and nobody on the committee has made that suggestion.

Dr. HAGOOD. Thank you.

May I proceed?

Senator NELSON. Yes, sir.

Dr. HAGOOD. Mr. Chairman, I have related in brief some of the more formal influences upon my prescribing practices. Now if I may, I should like to relate some other, secondary but real factors no physician concerned about medicine and people over the long range can com-