In your survey of residents, interns and students only 9 percent of respondents were favorably disposed to the advertisements of the drug industry and 52 percent expressed gross dissatisfaction with advertisements.

Dr. HAGOOD. Mr. Gordon, let me explain, this paper is written from questionnaires, two questionnaires. One, the general practitioner, myself, sent out to a group of 200 rural general practitioners. A separate questionnaire, made by Dr. Owen, was circulated among the house staff and the medical students of the University of Virginia, and this is his portion of this paper there.

Mr. GORDON. But it is rather interesting to see how the rural practitioner differs from those at the university, the "Town and Gown" as you have named the article, the great disparity, the great difference in attitude toward the detail man. Would you say it is rather interesting?

Dr. HAGOOD. This is certainly interesting. I would think that the comment in the first paragraph of the comment should be brought out here, which says "it would be imprudent to attempt multiple interpretations of the responses to two different questionnaires distributed to two different and heterogeneous groups with such a variable percentage of replies."

Senator NELSON. Fine, Doctor. Go ahead. You were at the top of page 14.

Dr. HAGOOD. Yes. We must be realistic in viewing this form of communication. Obviously his basic function is to sell. Obviously he is not there to extol the competition's product any more than one would expect Republicans or Democrats to praise the opposition. The doctor isn't so foolish as to assume such things, and because of that the detail man is identified in the physician's mind as a biased, albeit honest, source. To be successful, the detail man must appreciate the fact he is seen with a bit of doubt, and he must therefore, if anything, be overly conscious of the need for honesty. A show of ignorance, of deception or fraud, and he may permanently damage his company in the doctor's view; and he certainly will be making his last visit to my office.

Going back to the 1964 talk I made to PMA people, I told them 80 percent of doctors practicing in rural areas in Virginia answering my questionnaire said they favored continuing use of detail men by drug companies. That questionnaire was mailed to 200 doctors in rural settings in Virginia. I received returns from 80 doctors in 55 counties, who had practiced medicine from three to 61 years in communities, varying in size from open rural country to a town of 4,200.

In general, I believe drug company promotions, and their representatives, are both helpful and reliable. Imperfect, of course. But their function is not without real value, and I know of no workable or less costly alternates. Lacking better substitutes, I suggest we concentrate on improving them, rather than deploring them.

Mr. Chairman, again I thank you for allowing me, a general practitioner from rural Virginia, to tell you my views on some of the knotty problems facing this committee. I earnestly suggest you hear more from practicing physicians from all over America. By practicing physicians I mean those who make their living daily by fee for service. That is where the action is. The National Center for Health