And I would like to preface my remarks by saying that I look upon all these statistics with some concern. The validity of a response by a given physician to this type of question from my personal observation is not necessarily candid.

In one famous national survey sponsored by the Pharmaceutical Manufacturers Association, the principal sources of drug information utilized by physicians was investigated: 61 percent said that they received the information from the Physicians' Desk Reference, a publication distributed free by the pharmaceutical industry; 37 percent of physicians said they received their information through personal experience and knowledge; 27 percent through journals and medical periodicals, and 19 percent from detail men. Other sources consisted of colleagues, consultants, medical society meetings, medical literature textbooks.

Compendia and drug reference books were the source utilized by 10 percent.

Senator NELSON. Didn't any doctor attribute his information to a drug ad?

Dr. MOSER. I assume that that was, sir, included in the 27 percent who said their information came from journals and medical periodicals. This was my assumption. It may not be valid.

Response to the question of the relative frequency with which sources of drug information were used: The Physicians Desk Reference was used by 82 percent; the Medical Letter by 2 percent, the Merck Manual by 2 percent. And there were 19 percent of the physicians in this group who had never heard of the Medical Letter.

One could quote many other studies done by private organizations which usually reveal that the principal source of drug information is derived from publications or visits that have their source material derived from the commercial drug industry.

On the 5th of February of this year, I had the privilege of participating in a meeting that was concerned with the problem of continuing education of physicians with regard to drugs. This meeting was held under the auspices of the Drug Research Board of the National Academy of Sciences in conjunction with the Food and Drug Administration and the regional health medical program of HEW. They had gathered about a hundred distinguished scientists from many disciplines representing clinical medicine, pharmacology, sociology, and psychology.

They were a conscientious, perceptive, dedicated group of men and women. From 9 o'clock in the morning until 10:30 that night we hammered away at the problem. It was quite reminiscent of other similar sessions I have attended in the chambers of the American Medical Association, Council on Drugs in Chicago and several other meetings throughout the country in recent months of equally concerned groups. And the theme was always the same.

We have a problem: There is urgent need to improve our methods of transmitting drug information to prescribing physicians at all echelons of medicine. And invariably at this point the discussion falters and usually founders on the matter of methods.

Some have suggested a drug compendium, a sort of grand formulary that would contain authoritative, current information about all drugs that a contemporary physician might seek. This, they say, would be a