significant first step. I feel a drug compendium would just be another big book that would gather dust on the shelf, standing next to several other unread tomes containing authoritative current information on drugs.

Others have championed the concept of a cadre of therapeutic consultants, a group of well-trained, practical-minded, clinical pharmacologists based at university teaching centers who would size up the needs of their local area and assist physicians or local hospitals in establishing practical programs on clinical pharmacology and therapeutics.

Still others have suggested periodic medical examination with successful passage being a requisite for relicensure.

I have personally favored the program I mentioned earlier, of activating or revitalizing therapeutics boards in hospitals of all sizes by initiating a program of continuing drug utilization surveillance. This would be a hospital committee that would undertake periodic review of therapeutic practices by individual members of the staff as a means to improve therapeutic practices.

Senator NELSON. What would you do about the doctor who is not hospital affiliated?

I think we had testimony that over one-third of the doctors in New York City have no hospital affiliation. And then you have thousands and thousands of others in rural areas or in cities who have no hospital affiliation. What is their source of information?

Dr. MOSER. Well, the cadre concept that has considerable appeal would bring such men into this program. The clinical pharmacologist who is based at the university hospital would work not only with the local hospitals but actually get out in the community and visit these physicians. Or, he will train others who will go out and do that sort of thing.

Physicians who are not hospital affiliated are a very difficult group to reach. I suspect that a personal type of approach would be the only way that they could be reached.

Another possibility would be that therapeutics agents boards in regional hospitals—and I am speaking of small hospitals of 75- to 100-beds. Such local hospitals could periodically invite these unaffiliated men in for sessions where they could give them information on contemporary advances in therapeutics.

I think these are all difficult things to do, and this unaffiliated group is indeed the hardest to reach.

I feel that all too often these individuals have been unduly singled out for criticism; I think that many of them are superb clinicians who do a very fine job. Many of my own acquaintances are men who are almost obsessive, compulsive readers. They keep themselves current because they know they are isolated, and these represent a significant proportion of American practitioners. I think what we are talking about is a minority, and I don't know how we can reach them. You can lead a horse to water but it is very hard to make him read.

Senator NELSON. What single objective source is there in the literature for a doctor to refer to?

Dr. MOSER. I will get to that.

Each of the plans that I have mentioned have their merits and its failings, as we have been discussing. The basic need is to motivate the