Perhaps Kefauver and his staff were naive in thinking that these provisions would effectively neutralize the mountain of propaganda produced by self-professed reliable drug companies and by the PMA. They may have been naive in believing that the average physician's prescribing habits could be changed that easily. In any case, the theory never has been tested. During the process of legislative hocus-pocus, Section 508 disappeared and a toothless version appeared in its place. It calls for registration of name and place of business. The inspection provisions are so vague that they defy interpretation.

It has taken some five years for other to recognize the need to put more teeth into the Food and Drug Act. I have studied the Interim Report and recommendations of the Task Force on Prescription Drugs, published in August 1968, with great care. No one in my opinion has made so exhaustive a study of the many problems posed by the ethical drug industry and expressed the findings in such balanced and temperate language. Among its recommendations it urges consideration of a registration and licensing system and strict quality control. Recognizing that this might raise the prices of some drugs, it feels that the increased quality would offset any increase in prices. While I am not an economist, I share the view that was held by Kefauver and his staff, namely that, overall, increased price competition would tend to lower prices and at the same time ensure the quality and efficacy of all drugs.

The need to strengthen the existing law has also received support from an unexpected quarter. It has been the practice of *Medical Tribune* to commission a Professor of Governments, Joseph D. Cooper, Ph.D. to write extensive series of articles on the FDA, Generic Equivalency, and other subjects of interest to physicians. The tenor of Professor Cooper's comments and the editorial policy of *Medical Tribune* are quite obvious: It would require a rather remarkable distortion to characterize either as hostile to the drug industry. For this reason alone, it is of interest that a series of articles on the FDA that appeared in mid-1967, Professor Cooper called for a system that he labeled "licensed self-regulation." In describing the system, he went on to say, "the power of this method of control lies in the fear of the company that part or all of its license might be revoked." One can almost hear the ghost of the late Senator Kefauver.

I strongly urge that Congress give early consideration to licensing and inspection provisions similar to those proposed in the original S.1552. If the 1962 legislation had contained these provisions we probably would not find ourselves in the generic equivalency mess that now exists. In any case, the search for adequate guidelines would have started five years earlier than it did.

MONETARY REWARDS AND OBJECTIVITY

In his letter inviting me to appear before this Committee, Senator Nelson mentioned "growing concern that the medical profession has forfeited too much responsibility for the continuing education of physicians to the pharamaceutical industry and that the increasingly close financial relationship between the industry and the profession may be contrary to the best interests of the medical profession and the public."

I, too, share this concern; I have shared it for almost 18 years. It is now almost nine years since I appeared before the "Kefauver Committee" and said: "Unfortunately drugs are not always prescribed wisely, and while the physician and patient among others must share the responsibility for this with the pharmaceutical industry, it is the industry that carefully nurtures and encourages the practice. . . . The pharmaceutical industry is unique in that it can make exploitation appear a noble purpose. It is the organized, carefully planned, and skillful execution of this exploitation that constitutes one of the costs of drugs which must be measured not only in terms of dollars but in terms of the inroads the industry has made into the entire structure of medicine and medical care. With the enormous resources at its command, it has usurped the place of the medical educator and has successfully substituted propaganda for education." At another point in the same statement, I said, "The abdication of leaders and educators in medicine is disturbing. Postgraduate medical education is their province, not the pharmaceutical industry's."

I am also disturbed, however, over the tendency to focus on financial relationships. While I feel that this is important and requires attention and correction, I am also convinced that we would be making a grave error if we decided that the total problem could be corrected simply by cutting financial ties. The well-known articles by Dr. Charles May and Dr. William Bean cover the problems of "payola" and other financial entanglements. I believe I can accomplish more