other drug firms I came to the belief that Squibb was, if anything, more ethical than most.

In the enclosed mimeographed copy of my 1960 statement I have bracketed an excerpt beginning on page 7 and concluding on page 8. I request that this excerpt be quoted in my statement as a partial answer to your questions regarding testimonials.

There were proof mills that would deliver data at so much per head and in extreme cases we used them. There were drugs that were declared useless after clinical trial by experts that subsequently became marketable using the testimonials of less experienced physicians to prepare a New Drug Application. I have adequate reason to believe that other firms were less fastidious than we were and purchased favorable reports. I always felt that a bribe was degrading not only to the one who accepted the bribe but also to the one who offered it. The testimony regarding Henry Welch in the "Kefauver Hearings" is an extreme example of the lengths to which some companies went. My 1960 statement made an oblique reference to the Welch affairs since it was made before the investigation exposed his activities. In retrospect the language is quite clear.

As I recall, there were at least two journals that subsisted on purchases of reprints used for advertising and promotion. They may still exist.

Drug studies are almost invariably included under research expense and I pointed out the absurdity of the practice in my 1960 statement.

Question. Dr. Frederick Wolff estimated before this committee that out of $10 spent on drugs, $6 are spent unnecessarily. Dr. George Baehr of New York said that the $6 figure was too low—that more than 60% of the drugs prescribed are not needed. Would you be willing to make an estimate?

Answer. I know of no way to make an accurate estimate of the percentage of drugs that patients pay for unnecessarily. In so far as prescription drugs are concerned I would keep my estimate consistent with the answer I have already given, namely about 50%. I should not be surprised if an actual study yielded a higher percentage of unnecessary drug expense. Naturally if we include over-the-counter drugs the unnecessary medication expense would be much higher.

I should like to amplify the comment that the antibiotic-cold preparation episode I described is being repeated by Upjohn and Squibb regarding Panalba and Mysteclin-F. I gave a reasonably detailed account of the 1963 episode because I feared that the present confrontation would follow the same pattern and that the final outcome might be the same. Recently Morton Mintz reported that Upjohn sent out 22,000 letters and that Squibb had put its detail staff to work on the problem.

Just as I was intrigued by the report that Lederle sent out 7,500 letters in 1963, I find 22,000 equally intriguing. Why 22,000 out of more than 300,000 physicians? Obviously a process of selection was used in 1963 and a process of selection is being used now.

We would have to be naive, indeed, if we concluded that these figures represent a random sampling of physicians and, it would constitute an incredible indictment of the medical profession as a whole if it were a random and representative sample. If I were a drug company executive faced with this problem and had to decide how to get the most mileage out of the letters I would use a simple logical process.

I have already said that a detailman is an expensive piece of property. Since his time is limted, it cannot be squandered and so drug companies try to develop a set of rules that will make it possible to use the detailmen's time most profitably. One of the indices used is a rating scale of the physician's prescribing habits. Squibb used a scale of four categories, and I doubt that other companies use a substantially different method. At one end of the scale is the non-prescriber or occasional prescriber. I would probably fall into this category since I write between 100 and 150 prescriptions per year. The infrequent attempts of detailmen to try to see me tends to confirm my position on the scale. At the other end of the scale is the "heavy prescriber". For our purposes we can accept the definition given in the AMA's Fond du Lac study that appeared in the record of the "Kefauver Hearings". A heavy prescriber is a physician who writes over 100 prescriptions per week! This is the prime target of the detailman and in this group we probably have the least discriminating physicians in the country. I find it difficult to believe that anyone can write that number of prescriptions and still take time to discriminate. In this group we also have the physicians most likely to raise a howl of protest over the prospect of taking away one of their toys. This is the group to whom I would send the letter and I feel reasonably certain that this was the group selected. The letters of protest come, not