requires the application of an infinitely variable constant. I almost invariably write generically (I must confess that about 50% of the time I am able to convince myself that writing Trifluoperazine instead of Stellazine is a pedantic exercise that accomplishes nothing since only the patented version of the drug is available). Since I write relatively few prescriptions, I can take time in the 50 minutes I see each patient to have him bring in the filled prescription and determine whether it has been filled by a brand name or a generic drug when I have prescribed generically and a generic brand is available, and inquire who filled it, and how much it cost. The pharmacists cost for 30 capsules of Sodium Pentobarbital is in the order of 12 cents whereas his cost for 30 capsules of Nembutal is about 52 cents. The most frequent practice is to fill a generic prescription for Sodium Pentobarbital with the brand name and to charge accordingly. Some pharmacists who fill it with the generic brand charge $1.15 indicating that they can meet the cost of overhead and make a profit by charging slightly over $1.00 to fill the prescription. When the prescription is filled with the brand name the price varies from $1.85 to $2.25 and he charges between $1.30 and $1.75 to fill the same prescription for the same drug with the brand name version of the drug.

To take another more extreme example, we can use imipramine (Tofranil). This is a commonly prescribed antidepressant which is patented and no generic equivalent exists. I frequently write a prescription for 100 fifty milligram tablets. The umbrella price for me is $105/thousand. The pharmacist probably pays $100/1,000 ($10/100) or less. Yet the patient's cost for a prescription for 100 tablets ranges from $15 to $20. These are figures given to me by my patients. Curiously the drug comes prepackaged in quantities of 100 tablets (which is part of the reason I prescribe that quantity). The pharmacist needs only to affix a prescription label to the bottle; yet he charges from $5 to $10 for this service.

I was pleased when I read the testimony of Dr. William S. Apple, Executive Director of the American Pharmaceutical Association, and found he among others, questioned the equity of the present mark-up system and recommended a fixed fee system. Until such a system becomes the standard practice of pharmacists, the physician is completely in the dark and the actual price the patient will pay for his prescription is unknown. I strongly urge that a fixed fee system replace the variable and unpredictable system of a mark-up which is subject to the whims of the individual pharmacists and is based on the concept of what the traffic will bear. A fixed fee system would bring order and sense into the price that patients pay for a prescription. It seems that the practices of pharmacists are fully as subject to investigation as the practices of the drug industry and the medical profession. All of the causes of the high price of prescription drugs cannot be laid at the doorstep of the drug industry.

Question. Do you have any other suggestions besides legislation to solve the problem of irrational prescribing?

Answer. Like Dr. Goddard I, too, am at my wits end in trying to come up with a reasonable solution to the problem of irrational prescribing. As I have indicated, I believe new legislation regarding irrational combinations can serve as the first step.

Beyond that I would tend to combine suggestions made by others at different times. Dr. Goddard spoke of Therapeutic Committees but was extremely fastidious over the matter of interfering with the practice of medicine. I can understand his reluctance since he was in a very sensitive position. The antagonism of the average practitioner toward the FDA hardly needed fanning by Dr. Goddard.

I do not know if some hospitals call their Formulary Committees Therapeutic Committees. Dr. Goddard's suggestion, as I understand it would model Therapeutic Committees along the lines of Tissue Committees which, I believe, are essential if a hospital is to get accreditation.

There was a time (and to a much lesser extent there still is) when some surgeons made a practice of removing organs from the body, not because the organ was diseased and required removal but, rather, because the surgeon needed a fee. I do not remember the exact chronology but there was a time when unnecessary operations became a *cause celebre* which received much publicity. Whether the formation of Tissue Committees preceded or followed this I am not sure. In any case, the function of a Tissue Committee is to examine the pathological reports on organs removed in surgery. The surgeon who makes more than his share of honest errors soon comes to the attention of the Tissue Committee and he may be censured or even lose his hospital privileges if he continues to indulge in the practice.