to what drug he will prescribe. Assuming it is a neighborhood pharmacist with some good generic drugs from a good supplier, as opposed to a brand name, and he supplies it on a generic basis, knowing of the background—here, in this instance, a patient could conceivably save dollars.

If, on the other hand, a physician prescribed a certain drug without mentioning the name of the supplier, another kind of pharmacist, not of the neighborly, friendly variety, could supply him with the highest priced drug from a generic source. So it is not essentially so. It could be.

Senator DOLE. How much influence, in your opinion, does drug advertising have on a physician's decision to prescribe any particular drug? Do you have time to read the Journal of the American Medical Association—do you have time to read this monthly publication or just how much does advertising, whether it is written or verbal, influence your decision?

Dr. ANNIS. The journal I have an opportunity to review every week, the Archives of Surgery every month, and many other publications.

I have made it a practice for over a year to ask physicians, wherever I have gone, to what extent does advertising or the detail man determine their choice of a drug? You know what? I have yet to find one physician—and I have asked hundreds in medical schools, medical centers, in small cities and large cities—who makes his judgment on them. What they do is remind physicians of many drugs in the field.

I run into this frequently, where I will, having read in an ad about a new drug for a certain condition, or a drug that is supposed to be of value in, say, the field of orthopedics or medicine or in areas that I do not know anything about, I will ask doctors, what about this; I read about it in the last few days. Twice in the last week, I have phoned medical centers to find out, to be brought up to date on the medical use of Dopra, dihydroxyphenyl, something or other. I can't remember the long term hooked up with it. But it is being used now, experimentally, under limited circumstances in the research of Parkinson's disease. Now, as a surgeon, I have read about it. I knew that it was taken off the market for a while because of its dangerous side effects, but allowed back in for experimental use because it had been proven that despite its danger and toxicity, it also has a great potential for good in conditions where we do not have much in the way of treatment.

Now, what I read in the journals merely reminded me that there are drugs that are treating this. So when I had a personal request from a friend of mine because his mother is afflicted with this disease, I got on the telephone and called four of my good friends in different parts of the country in the field of neurology and neurosurgery and spoke to a man in one of our large research centers that is working on it. So the advertising in the journal often will remind me of advances in other fields.

But as far as having an ad ever determine for me to initiate and to use a drug without further checking it with—I often will write to, as many physicians do, the AMA. Our mail runs at the moment something like 15,000 or 18,000 letters a day. We get requests for information all the time.

I also would check it with medical men in my area who know men who deal with these things all of the time, as well as the pharmacist