Senator NELSON. The one large test that we have had that I am aware of in the last 2 years was the FDA report on 4,600 drugs released October 15, 1966, from 250 manufacturers in which 2,600 were generic drugs that they had tested and 2,000 were brand names. And the generics had a better potency, consistently met the standard for potency better than the brand names. In fact 7.8 percent of the generic products were not of acceptable potency, they varied from the USP standard, the established standard, 7.8 percent of the time. But with the brand names, 8.8 percent varied from the potency standard. I just raise this question because I think the fact is—it is my judgment from looking at this over a period of 2 years of hearings—that what has happened is that the brand name companies have convinced the physicians of this, but there is no scientific basis for that.

Dr. ROSENOW. Senator, this statement in itself is true.

Senator NELSON. I do not doubt it. I said I did not quarrel with that.

Dr. ROSENOW. When we wrote this up we recognized that it is probably possible and susceptible of proof that they should not believe this way. But I think it is a fact that they do believe this way. And it is a little bit like everything that you buy in this country, some people have confidence in one kind of product because it is made by a certain company. Even though your experience might be different from this, you may have a lot of different things that you do this way.

I would also say that part of it is—I think what you do is sort of—let me take the drug digitalis, for example. I am a physician who likes to use the whole leaf digitalis. I always used the Davis Rose digitalis, not because I really thought it was a lot better, but because as far as my treatment of this patient was concerned I could do it better by knowing that I always prescribed this same kind of pill. For one thing, it was easily identified, because it was a kind of a round pill instead of an oblong one, and when they called up and wanted to know whether they should take one less pill or one more—digitalis is a pretty toxic drug—I felt more confident if I knew they had this. I recognize that there are many good products of digitalis, including generic ones, that I could have used. We are just trying to make a point that this is one of the reasons why doctors are opposed to not being permitted to prescribe by brand names.

Senator NELSON. I could not in any way differ with you in your statement. I think it is absolutely correct. A substantial percentage, maybe a large percentage, of the medical profession are more confident of the consistency and potency of the brand name drug than the generic even though the tests do not come out that way, and perhaps the generics are better. The reason I raised the question is that it does involve the issue we have been raising over the past few years, that is, the very powerful influence of the propaganda of the manufacturers upon the medical profession. And consistently that statement is made before this committee—the same statement that Dr. Pollard says they believe in, which I think is an accurate statement. Many of those who testified and commented on it simply asserted flatly that it is a fact. And this committee has been raising the issue of the effectiveness of the promotion by the companies of their products under their brand names versus generic names, and so forth. And that is why I raise the issue here, that so far as testimony before this committee, we have