

maceuticals, and some of which are substantially supported, such as yourself and other distinguished medical associations—the point it continues to raise is that, since there is a heavy dependence on advertising, do the respective journals of the respective professional medical organizations pursue as vigorously a policy of criticism when it is appropriate as they would if there was no dependence on advertising? It seems to me that that is the issue that is continually raised here. And in looking at a large number of the publications I rarely find anything critical of the industry itself, even though there are critically important issues that are raised. For example—maybe you can tell me about your publication, I do not know about this—but I cannot find any publication that ran big strong stories pointing out the misuse of chloramphenicol. Did your publication?

Mr. CAHAL. Mr. Chairman, I cannot speak for all publications, but I have just tried to make it clear to you, sir, that the journals of the American Academy of General Practice are independent editorial spokesmen, and are not the slave of their advertisers any more than the Washington Post is the slave of its advertisers. I shall be glad to furnish for your committee, Mr. Chairman, copies of editorials which have appeared in GP magazine critical of individuals and of the industry. As for the misuse of chloramphenicol, we have from time to time had articles in GP written by distinguished authorities about the dangers of abuse in antibiotic therapy, and I do know that we reported fully the antitrust action.

Dr. SHAPIRO. Some of the members of the industry—

Senator NELSON. The problem, it seems to me, of the medical publications is that as contrasted with a large daily newspaper, their dependence is on two things: One, the dependence of the journal upon a single industry source, that is, pharmaceuticals, is very high. In the case of American Family Physician, 91½ percent of the advertising is pharmaceuticals. A publication that accepts advertising from a single source is quite a different case from one that accepts advertising from many sources.

Secondly, it seems to me that there is a very special relationship and responsibility toward the public on the part of the medical profession as the custodians of the public health, so to speak, a very special ethical responsibility that I think is unique. That is why I think this poses a serious question. In reading through this brochure "News and Views of Interest to the Pharmaceutical Industry," and I read it through twice last night and once this morning, it seems to me it raises some very serious questions. I made some notations on it as I went through.

For example, on the next-to-the-last page of the brochure, "News and Views," it says:

From time to time and with increasing frequency we get weary of listening to all the flack which relates, however remotely, to pharmaceutical prices. We hear that company A sells a particular tablet for 8 cents apiece, but company B charges only 3 cents for its version of the same product. In the first place, let there be no mistake about this, most of the people who make noises about "generic equivalents" do not know an aspirin tablet from a jelly bean. They will shout that frozen tutti-frutti pies "are not as good as mother used to make" and then turn right around and claim that generic and trade name products are like two peas in a pod. You can buy a cow for \$25—or \$250. A local jeweler tells us that we can buy a one carat diamond for \$300 or \$2300. In other words, we are always required to make decisions based on the quality of the merchandise and this axiom applies to anyone who wants to buy anything.