

given every single argument that the industry itself gives in behalf of its research and in behalf of its prices, and in behalf of the generic brand name argument. You could not tell the presentation of the medical profession in terms of content from that of the pharmaceutical manufacturers. I would think that that would give one pause—unless you are prepared to say that the industry is right on every single claim they make.

Now, let me turn to something else. I will read something here. This is from an article by Morton Mintz. Mr. Mintz is probably the most distinguished writer in this field in the lay press. In his article "Medical Press Shifts News for Physicians," let me read something:

Another case in point is the handling of an October 13 hearing by the general practitioners, GP, the witness was Richard M. Furlaud, President of E. R. Squibb & Sons. He came before Nelson's subcommittee with a lengthy prepared statement defending the system of dual prices under which a medicine prescribed by brand name can be very expensive, but prescribed under its generic or chemical name can be quite inexpensive. An editorial in the New York Times found Furlaud's case unpersuasive. But GP was so impressed that it turned over four and one-half glossy pages in its February 1968 issue to excerpts from Furlaud's text. GP did not, however, tell its 30,000 doctor readers of a development at the hearing that was not in Squibb's script. This was the subcommittee's introduction of documents which the FDA had prepared in recommending criminal prosecution of Squibb. They recited a long history of "mix-ups, recalls and warnings," that indicated in the agency's view that the firm had "failed to understand its responsibilities as a drug manufacturer." In March 1967 Squibb pleaded no contest to the charges in that case, although it has sweepingly rejected the FDA allegations at the hearing.

How do you account for the fact that you select four and a half pages to write a praiseworthy defense of Squibb, but neglect informing your readers about the long history of mixups, recalls and warnings? This is a pattern of—I want to emphasize, I am not trying to select your publication, but this is a pattern that runs all through the medical press, the criticism that ought to come, comes but rarely.

Dr. SHAPIRO. Mr. Chairman, it is not our duty or thought to defend an industry and say that everything they do is perfect. On the question of influence, I believe there is a reciprocal influence. We would be less than honest not to admit that ads have some impact, and we are carrying ads in our journal. At the same time, the industry generally, and specifically certain companies that I could not possibly mention without research, are influenced in what they are doing by our needs, by our stated needs. As far as the major question that you are posing, I have no expertise in this purely business matter, and I watch what the committee accomplishes with great interest. I have no defense for these things, nor am I trying to present a defense for the industry. As for prednisone, I believe every doctor to my knowledge is ordering it without even a manufacturer's name after it. And this is all due to the good efforts of this committee.

Senator NELSON. The questions I have been raising, though, with the distinguished spokesman of the various professional medical organizations is this very question, that there is heavy reliance upon advertising. And it does not seem to me there is almost total absence of the kind of critical analysis and comment about industry practices that would be made by purely independent journals. And the pattern runs so clearly, the continuous praise and promotion of the industry. Then when a dramatic case occurs, the medical journals, medical press in general, ignore it. That is what disturbs me.