give that patient. Dr. Taussig testified here that in the Thalidomide case, long after it was known—it was in the newspapers all over the world what the side effects were—but Thalidomide was still in the marketplace being prescribed in various places, cities in South America, and in Spain, under a half dozen brand names which didn't identify it as Thalidomide. And it continued to be prescribed.

And she said it may still be taken by pregnant women, because the doctor didn't know that the brand name was Thalidomide.

We had a doctor before us who had some reservations about the idea of generic names. We had about 30 brand names for Thalidomide, and I asked him to identify three of them, but he had no notion of what they were. But they were all Thalidomide. I was getting at the question of whether or not we can consider it valuable or not to require that there be a generic name on the lable, and that it be prescribed that way, without interfering with the right of the doctor to name the brand he desires, and excepting in the case where he feels there is a compelling reason for not letting the patient know what compound he is getting.

Dr. HEWITT. I would champion our case.

Dr. KUNIN. I would go a little further. I mentioned earlier that the Albemarle County Medical Society, in conjunction with our pharmacists, have made it a point of medical consideration that there be routine labeling of the name of the drug on prescriptions unless the physician deems it unwise, that this should be a routine practice.

Senator NELSON. By generic name?

Dr. KUNIN. By the name of the compound that is prescribed. We didn't go as far as the generic name, but I think it is a good suggestion.

Senator NELSON. Wouldn't that be what it was if you identified the compound?

Dr. KUNIN. We would identify—let's assume that you have tetracycline. It would be identified on the label. So that no one has to look this up by number. One could easily know that this is a tetracycline. We think this is a very important move, and the pharmacists are very much in favor of this type of development. I think this is very important, and should be done. I think we ought to take the mystery out of medicine.

Dr. WISE. We see very serious adverse reactions from patients who have had combinations of antibiotics knowing it only by the trade name and not recognizing that another combination contains the same ingredient to which the patient is very supersensitive. The physician too perhaps did not recognize that there was such a hypersensitivity to one ingredient.

Senator NELSON. If I understand you correctly, you are referring to something that has been said in testimony before; that is, a patient knows that he is allergic to some particular brand name, it may be penicillin or something——

Dr. WISE. It may be the name of the combination of ingredients of the antibiotic.

Senator NELSON. He may know a single brand name of some drug which has 20 brand names. And the doctor prescribes it by another brand name but——

Dr. WISE. The patient doesn't recognize it.

Dr. HEWITT. I think that is a very valid point that Dr. Wise has raised. And I would like to make it clear that my reference to these