

There is no such thing as over teaching anybody, from what I have learned.

Senator LONG. In other words, the more you tell a man about what his health problem is, what medicine seems to help him, what the name of the medicine is—and if they insist on selling it by 50 different names, what all the names are, but particularly what the official name of the thing is.

Dr. ADRIANI. Absolutely.

Senator LONG. Suppose he was visiting in some small rural town and he needed to have a particular drug. Perhaps he is nervous, sensitive and needs a tranquilizer. For this reason he has been taking Equanil, a trade name of the drug meprobamate. But the druggist in this town doesn't have Equanil. The physician he goes to see doesn't know other trade names for meprobamate and as a result the man is without needed medication. This is just one illustration of the confusion that results from all these brand names.

It's highly possible that the pharmacist has the drug on his shelf, manufactured by other firms. But the patient and the doctor may well not be familiar with the other trade names for this drug. Further, not one of these firms, though they brag about their company's quality control would dare make the assertion under oath that theirs was a better drug than the other companies because if they did, the other company might sue them successfully.

So, here we are in a situation where the poor patient can't get the medicine he needs, and the whole purpose of the long list of names for this same drug is to confuse and make him pay more for a product that isn't any better, isn't that what it amounts to?

Dr. ADRIANI. It really is.

I was telling Senator Nelson before you came, I have with me a Charity Hospital drug list which we call a formulary. We buy only certain drugs at Charity Hospital. We have a pharmacy committee that makes the selections.

Some of the medical staff send in letters saying, we would like to have you include such and such a drug on the drug list. And they will tell you why. And we look at it and approve, reject, or defer action. A drug (detail) man may see two or three professors or doctors on the staff, and ask to get their drugs in the hospital formulary. These doctors like to be "nice guys"; so they write a letter and say, "will you please stock such and such in the pharmacy." Well, the minute the committee sees that letter it "smells" right away what it is. It defers action on the request. And it never hears about it any more.

We have this list. If a doctor prescribes Equanil, and the pharmacy does not have it, they will call the doctor and say, we do not have Equanil, but we do have Miltown. The doctor would say, OK, substitute Miltown. He doesn't care. The staff will use whatever we have if it is equal.

When I was an intern we had a little book, also a formulary, and whatever was in there the doctor would prescribe. And if they did not have it they would say, we have something equal and as good, U.S.P. The visiting doctor would say OK, go prescribe that.

Once in a while we do have to go out and buy a drug we do not stock. But when we have something that is equal, that is U.S.P., we will buy and use it every time.