

Dr. ADRIANI. It certainly would. It would improve medical practice, it would facilitate the dissemination of drug information, and it would facilitate the teaching of pharmacology, and it would increase the safety as far as the public is concerned.

Senator LONG. Could I ask one more thing that is very important that I have been troubled about in dealing with this subject.

You mentioned Neosynephrine. I thought that was a complicated enough name. But you tell me that Neosynephrine is a trade name. Would you mind telling the generic name for Neosynephrine?

Dr. ADRIANI. The generic is phenylephrine hydrochloride. Phenylephrine is not too hard to pronounce. This is one problem that you will probably encounter.

Senator LONG. Here is a thought that occurs to me. I can understand how in trying to develop a product that you could come up with some sort of compound which might result in a word 20 syllables long that would be almost impossible to pronounce. Why can't we work it out so that once the FDA determines that a drug is safe and effective—why can't we then give it a name that could be pronounced more readily?

Dr. ADRIANI. I agree with you. I make a comment in my prepared statement about the naming of drugs. Do you know how it is done now? It is done by the USAN Committee. The AMA has a representative from the Council on Drugs who works together with a man that is a chemist, a full-time employee of the AMA. Then the U.S. Pharmacopeia has one; the National Formulary has one; the FDA has one; and one is selected at large.

You see these agencies are working together. This is what we need. More cooperation instead of fighting each other. All including the drug industry ought to work together. We need the drug industry, you can't abolish the industry. We need the AMA. It is the largest medical association in the world. They have done a lot for world medicine as I point out in my statement. The USAN get together and pick names of new drugs. I advocate putting the chemical names in fine print on the back or side of the label. What the USAN tries to do when they pick names is to imply the chemical nature of the drug in the name.

Well, most doctors do not know chemistry. I teach pharmacology. When I put chemical formulae of a drug on the board, the students shudder. Doctors do not like chemistry. They do not have to know the formula of a drug to prescribe or use it. I would rather know what it does than the formula. If you put the chemical name on the label these fellows on the USAN will try to simplify the names. Some of them, as you point out, are jawbreakers, and they will have to be simplified. And this is one of the reasons why brand names have taken such a hold. Doctors use brand names because they are simple and a lot easier to pronounce and spell. They find using the brand names easier than putting down generic names.

We need simplification, but that will come only with time. You cannot do it over night. But you can overnight require—and I think it is the first big job that the Government has to do is to standardize the names of drugs and get rid of all the aliases, and make it a law that they put the real name in big print. They can then put the brand