difference beween one product and another, and if a licensing law is in effect for each drug, and every manufacturer is compelled to abide by the same standards, and label the product U.S.P. or N.F. with the generic name, you will have taken care of the question of generic equivalency.

This is something for the future, which should not stop progress in generic naming. Naming the drug generically should not be confused with the ongoing debate of so-called therapeutic equivalency.

Senator NELSON. In your extensive experience with drug and drug testing and clinical treatment of patients, have you ever run across a case in the literature of controlled studies which show that drugs that meet U.S.P. or N.F. standards were not equivalent therapeutically?

Dr. ADRIANI. Let me give you an example of an experience that I had about 15 years ago.

We inject a local anesthetic into the spinal canal to produce spinal anesthesia. I think everyone knows what spinal anesthesia is. One of the most widely used drugs for spinal anesthesia is pontocaine made by Winthrop, a good drug. The patent expired on this drug. It became available generically. The generic name is tetracaine hydrochloride.

So a salesman from another firm approached me and said, "look, the State of Louisiana is paying 33 cents per ampule for pontocaine. How would you like to have it for 15 cents?"

Senator LONG. Would you mind repeating the price?

Dr. ADRIANI. He said "you are paying 33 cents for an ampule of Pontocaine. Now, it has gone off the patent. It is available as tetracaine U.S.P."

And I said, "We will buy it if you will sell it to the hospital for 15 cents an ampule."

And so I instructed our Charity pharmacist "the next time you put pontocaine out on a bid specify tetracaine U.S.P."

So he did. And we stocked it. This preparation came in a solution, 2cc solution per ampule. The Winthrop preparation was a powder.

Well, the resident doctors I had with me at that time said the stuff does not work. I laughed, because I had used the same material when I was at Bellvue many years ago. Winthrop dispensed in solution form at that time. And so as they used it the complaints and failures disappeared. About two and a half years passed. The residents had finished their training and we had a new group. The Winthrop man came around and said, "I know that you like the powder. Would you be willing to pay 16 cents an ampule for it?" I said "Yes; I will write a letter specifying why I want the powder." I wrote and we shifted to the powder at the 16 cents per ampule.

The new residents familiar with the solution and not the powder said, "that darned powder is no good." I laughed. Now we have both, and at the same price. Each works equally as well. The price was halved.

So you see what competition does. Tetracaine in U.S.P. works just as well as pontocaine-Winthrop; and I could spend a day talking about similar instances.

Senator NELSON. So you have not in your experience run across proven cases where two drugs meeting U.S.P. or N.F. standards were not equivalent?