will buy and pay for. If I own stock in Squibb and Squibb is making the drug, then I just cannot help it—everybody is human, and the next thing we will recommend the use of Squibb's.

But if I did not own any stock in that firm it would not make any difference whose drug I might select.

Senator LONG. Many times I suspect that this practice of free samples is being used in a way that you may not be familiar with, and which is not in the public interest.

One of my good friends who owned a drug store had a relative who was a doctor. And after a while he discovered that his doctor friend was giving away his free samples to all his golfing friends and his well-to-do friends with whom he mixed socially, as well as his relatives, but that he was not giving the free samples to the poor people who really couldn't afford to pay for them.

This fellow got in touch with that doctor relative of his and said, "Now, you have got to stop that." He said, "You are cheating me out of my money. You are prescribing for poor people who can't buy the drugs while you are giving your free samples away to your rich friends who can afford to pay for them. Now, if you are my friend, from now on, you will proceed to give those free samples to the poor, and you will give the prescriptions to those people that can afford to pay for those drugs at my drugstore."

I have the impression that this practice of leaving free samples with doctors is a subtle way of affecting their honest judgment. And sometimes one gains the impression that a doctor tends to prescribe the drugs of the company that gives him the most free samples. That in itself sometimes works out to be a matter of taxing the poor for the benefit of the rich—it tends to work out that way in most cases.

Who gets the free samples? It is the doctor's friends, his social group, his relatives.

Dr. ADRIANI. Yes, because those are the doctor's patients. Most doctors do not see charity patients in their offices unless they have somebody that is "broke." The free samples that we get at Charity are given to the patients, but they are indigent. If you give a private doctor free samples—like the dentist who gave you novobiocin, he cannot sell them. So he gave you the sample. He could have written a prescription.

But you can take care of the sample situation if you make all names for drugs generic. Then no salesman is going to give you meprobamate. What has he to gain by giving you the meprobamate? Competitors sell it too.

You see, you are tackling the problem backward. The problem you have to attack is to have uniform naming of drugs. Then you would limit the advertising. Getting rid of the advertising is like shooting at the sails of a boat in order to sink it. You must shoot at the bow or the stern, at the waterline, if you want to sink the boat.

You are hitting the wrong thing when you pick at the advertising. If you give these drugs and mixtures of drugs real names, they will stop giving away samples, they will stop advertising, unless they have a good reason for advertising. So the place to begin, I am suggesting, is in mandatory generic naming.

You will also get the prices down because you will have healthy competition.