ers—the Nation's sick people. If these involuntary consumers understood that not only were their fees supporting the world's most highly paid profession but also that they were subsidizing their doctor's medical journal subscriptions, books, samples, medical bags and so forth—if this were generally understood I think that the public outcry would be something to contend with.

Doctors ought to pay for their reading matter just like psychologists, lawyers, chemists, and schoolteachers. The total increase in subscription costs for a year would be less than what the doctor earns in an hour.

Support for this position is building up as can be seen from letters recently published in the New England Journal of Medicine.

Dr. James Faulkner, chairman of the publications committee of the Massachusetts Medical Society which owns the Journal, has shown his awareness of the problems of drug advertising. Whether the council of the medical society will make a serious study of the matter I don't know; at least they will have to realize the extent to which they are dependent upon the pharmaceutical industry.

I have some figures from the annual report of the medical society. I won't go into them, but I can give them to you if you would like to see them. It says that over $2 million is received by the New England Journal in advertising revenue, whereas the amount from subscription fees is around $650,000, I believe. The accurate figures are here.[1]

3. Distribution of free drug samples should be stopped. Prescription drugs should be obtainable only on prescription and only from the pharmacist. Doctors receive in their mail every day samples of drugs for most of which they have no use. They are impossible to dispose of safely. We get into the habit of giving out sleeping pills and tranquilizers that come in the mail without the sort of serious thought that would go into writing a prescription. In most cases new products are promoted this way. Dangerous medications like some of the early anti-depressants, MER–29, and others were distributed. More people took them than otherwise would have and the task of recall when it had to be undertaken was impossible. If all medication were dispensed via prescription the patient would have the protection of knowing that a record exists of just what he received.

I brought along a few samples. They are scored so that you can take off the identifying information, the doctor does, and he gives the patient an anonymous sample like this, so if there is a side effect or reaction of the patient somewhere else, if he can't reach his doctor, he may not know what pill he has received.

This suggestion goes beyond the Task Force recommendation. Their recommendation was that the free samples be given on request of the doctor. But I am proposing that no free samples of any kind be distributed.

The process of requesting pills by checking a postcard can be made so easy as to be no protection at all. Obviously there is no reason to defend the free sample practice by saying that samples are needed for indigent patients. Samples could be sent to the pharmacist who could give them to patients for whom that medicine is prescribed. But the most important thing is to make sure that our mechanism of providing

[1] For 1968, from advertising: $2,241,554.42; from subscriptions: $662,328.83.