I think this is just one, another one, of these crossovers between traditional Puritanism, on the one hand, and attitudes toward athletic competition. We are not going to let athletes who have a spare chromosome compete. You know these are ways in which our attempt to deal with contests where we, on the one hand, claim that there is fair play and, on the other hand, do our best to have no new factors introduced, that is all. Whether you give antibiotics to chickens, there is a question not only of the effect on the people who eat the eggs or the chicken, but is it good for the chicken? Is it good for chickens to be raised in this sort of welfare state? These are traditional moral problems and they get very seriously raised.

I would like to, if I may, Mr. Chairman, to just lay on the table one other aspect of the whole question and that is the question of the whole health network, the galloping speed with which new drugs have been developed, the virtual breakdown in the country of orderly forms of communication which lead to physicians depending upon advertisements and drug companies promotions as after the only sources of information, very often they are able to handle. I would like to stress the need for a different type of medical education, and different orders of information conveyed to general practitioners. This is exceedingly important and we now have the means to do it if we will use our electronic background now to set up computer systems where real information can be conveyed to a physician.

But it isn't only the psychotropic drugs. We have a total breakdown now of physicians taking life histories of patients and they don't ask them what other drugs they take, and people go in and a doctor working with one part of the body prescribes a drug that if it was combined with a drug prescibed for another part may be lethal.

I know you have touched on these problems in your earlier hearings of psychotropic drugs. I am sure this has been touched upon in other parts of the testimony. I want to emphasize that the only conceivable answer to the population explosion and the drug explosion and the information explosion is using electronic retrieval and presentation methods, and so that a physician can get rapidly the information he needs about the incompatibility of a particular drug with previous disease states, with present drugs that are being prescribed by somebody else, with the other drugs the patient is buying at the drug store and self-prescribing. Each individual patient today is often in greater danger the more clinics or specialists he sees.

This is a very serious situation that needs resolution and it needs resolution in two ways. It needs a resolution in terms of how the information reaches the physician, not in the 2 minutes that the detail man gets into his office, but ways in which he can retrieve rapidly what he needs to know in terms of each patient. And, on the other hand, we urgently need some sort of health card for every person in the country on which it will be compulsory to punch drugs that are being prescribed for that patient, combined with information about allergies and sensitivities to penicillin and the fact that he is a diabetic and the whole series of things that are now being disregarded. In dealing with the drug explosion, I think we can compensate for the deficiencies of medical education by using the new inventions that have accompanied the