modern technological expansion. Unless we do, we have very little hope of keeping this thing in any kind of order.

Finally, I think that we have traditionally fragmented the roles of different parts of our society too deeply. We have looked on industry as looking for nothing but profit, on politicians as looking for nothing but power, and on do-good groups as doing nothing but doing special kinds of good. We have set them all in opposition to each other, and if we are going to build any kind of orderly attack on this tremendous problem of costs of medical care, of production of this great variety of drugs, the problem of testing the large numbers of drugs, and getting the information to physicians and patients, we are going to have to begin to cooperate in ways that we haven't before. We will have to invent some order of cooperation in which the pharmaceutical agencies and government and consumers and the medical profession can work together and assume that there is at least a modicum of good will that can be counted upon in each group if they were differently organized than the way we have organized them today.

Senator NELSON. You have presented the idea that everyone ought to have a health card. Would you elaborate on that a little bit and how would that be managed?

Dr. MEAD. It is managed on a very small scale now. The international health card which people carry around which shows when they had their last inoculations or immunizations in those things that are relevant to international travel. This is a standard card, it is completely set up so that it is possible to see when you had your last vaccination, if you need another booster for tetanus, etc. You can use that card anywhere in the world, where there is an epidemic or an attempt to revaccinate people or reimmunize them. This is on a small scale for those who go abroad, but we need something like this. We need it in a form that a technical assistant or a secretary can elicit the information, because no physician today has time to do even a perfunctory health history of any patient and, therefore, he is prescribing almost entirely in the dark. He may have the kind of skilled diagnostic hunch that this patient doesn't look as if he had something, but he doesn't ask them. Many of the best physicians in the country are not taking health histories that are worth anything in protecting patients from the flood of drugs that other physicians and clinics and pharmacists and their friends are prescribing for them.

Senator NELSON. With the vast number of drugs under trade names in the marketplace there really isn't any way for a physician to know how many of these trade names are actually the same drug.

Dr. MEAD. Well, they could put them on another retrieval system. When the physician encounters a patient who is taking a drug he has never heard of before, the physician ought to have a console in his office, he ought to be able to press a button and say what are the other drugs that are just like this one only have other names or what are the different components, what are the side effects, what are the drugs that are incompatible? This we do now. We can do such things at much less social cost than trying to handle these things that have been produced by our modern technological revolution in a nontechnological way.

The same thing should be done to locate foods that are incompatible with particular drugs.