Most medical authorities condemn the use of chloramphenicol except for typhoid fever and a few other diseases, and some believe that it is never the drug of choice. Most of the cases where doctors had prescribed it certainly did not meet these needs. Why then did they use it? Were they ignorant of the published hazards? Did they discount them on the grounds of their own experience with the drug, which may have cured many infections without the misfortune of an aplastic anemia case? That is, were they their own experts, or are they incompetent or both? We do not know.

Most of the remedies so far proposed are unlikely to go very far to meet the problem. A government-sponsored drug compendium, free of advertising bias, may be very advantageous for other purposes, but will it be read by busy practitioners for drug information, any more than they now consult the journals? The Medical Letter is a particularly useful, convenient, and critical review of contemporary drugs that deserves to reach far more than the twenty percent of U.S. physicians who now consult it. Above all it is a voluntary, independent evaluation; a principle that suggests that if it is imperfect, others can try to improve on the effort.

If indeed many physicians are incompetent to evaluate drugs, they can hardly justify the monopoly of prescribing them, and we will have to set up special examinations and licenses for the privilege of, say, prescribing drugs less than ten years old, and with the legal obligation to report adverse effects.

The indictment has, however, not been proven by objective, quantitative evidence. According to Medical World News, Dr. Maynard I. Shapiro, president of the American Academy of General Practice, flatly denies it and complains that he has not yet been heard by Senator Nelson's committee. If anything, he also points out, physicians get too much information, with many warnings about isolated cases of possible side-effects whose significance is impossible to evaluate.

Medical centers see (and sometimes produce) too many cases of drug-induced illness for this problem to be hastily discounted. However, before we prescribe drastic remedies for this disease, it needs more research both on efficacy and side-effects. What exactly is the problem—is there an identifiable group of physicians who need to be restricted or re-educated? How much of the issue is within the range of valid medical judgment; and to what extent should "experts" dictate the practice of a conscientious but dissenting practitioner? Does overt promotion of drugs by manufacturers serve any useful social purpose, except as impelled by competition with others? What measures are likely to be effective in improving the drug-prescribing behavior of physicians, and how can we pretest and evaluate them?

APPENDIX III

THE LIBRARY OF CONGRESS
Washington, D.C., January 21, 1969.

To: Senate Select Committee on Small Business, Subcommittee on Monopoly
(Attention of Mr. Benjamin Gordon).
From: Education and Public Welfare Division.
Subject: Federal expenditures in support of medical education.

This is in reply to your request for information on the amount of Federal expenditures used to support medical education in the United States.

Since the academic year 1958–59, the Association of American Medical Colleges has conducted a survey of medical school expenditures based upon reports of the financial data submitted from each of the accredited institutions in the country. The results of the survey are published annually in the Education Issue of the *Journal of the American Medical Association* near the end of each year.[1] The data included in this report to the Subcommittee are for the year 1966–67 and are the most recent available.

Total medical school expenditures for 1966–67 amounted to $1,010,327,369 and represents an increase of $128,143,207, or 14 percent more than the amount spent by these schools during 1965–66. Among the four-year schools, total annual expenditures ranged from a minimum of $2,332,264 to a maximum of $43,417,130. Total expenditures, incidentally, for the academic year 1958–59 amounted to

[1] "Medical Education in the United States," *Journal of the American Medical Association*, Vol. 206, No. 9, November 25, 1968; annual report on medical school expenditures.