giving practical, unbiased guidance on new drugs; 49% reported that they had reduced or stopped using a manufacturer's products because they believed the advertising to be misleading or objectionable.

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APPENDIX V

ARTICLES FROM VARIOUS SOURCES ON DRUG TESTING

[From the Washington (D.C.) Post, Jan. 9, 1969]

THE IMMUNIZATION OF DRUG TESTERS

(By Morton Mintz)

The quality of testing of prescription drugs is one of those problems whose complexities elude the grasp of most of us but whose implications are of life and death importance. For if poor testing is allowed to conceal from a physician that a medicine is useless, inferior of even positively harmful, it is not the doctor but the patient (or hundreds, thousands or even millions of patients) who may be exposed to needless exploitation, delay in obtaining effectve therapy and even injury or death.

Periodically something happens to make the problem surface. There were, for example, congressional investigations by the late Sen. Estes Kefauver, Rep. L. H. Fountain and former Sen. Hubert H. Humphrey. Some testing was "superb," Humphrey once said. He found other instances of outright fraud. But much more often, he said, "mediocre and substandard testing was . . . conducted on good, bad, or indifferent drugs."

Humphrey's inquiry ended in 1964, when he ran for Vice Presidet. Then, just three years ago, a tired industry-oriented Food and Drug Administration got a new Commissioner with a rock 'em sock 'em style. A mere 11 weeks after Dr. James L. Goddard was sworn in he told the Pharmaceutical Manufacturers Association that he was "shocked at the quality" of much of the test data PMA members had submitted to the agency. "The hand of the amateur is evident too often for my comfort," he said.

Last July 1, Dr. Herbert L. Ley, Jr. succeeded Dr. Goddard. Dr. Ley's style is anything but rock 'em, sock 'em. For five months he made no public speeches