There is quite a difference between diagnosing depression and detecting an infection, although care should be taken to identify the target organism. But in any event it is not too difficult to conclude that there is a sore throat or an elevated temperature and to give an antibiotic. On the other hand, to prescribe an antidepressant properly requires some sophistication in the psychiatric field. The symptoms which show a need for an antibiotic are clearer than those for an antidepressant.

Dr. CROUT. I would agree with the thrust of your remarks. Depression can be difficult and complex and its diagnosis subject to ambiguity. It is seen by a large number of physicians and is a common enough problem that depression has to be handled by physicians well beyond the field of psychiatry. My suspicion is that most of the drugs in this class are actually prescribed by nonpsychiatrists. This is a problem handled by a large number of practicing physicians.

Your question was: "Who is best qualified to make the diagnosis?" I believe that psychiatrists are, but the facts of life are that a large number of patients——

Senator NELSON. Maybe I did not make it very clear.

There are a large number of people who feel a bit depressed and do not even know that they are depressed. Doesn't that give some explanation for the claim that there is underprescribing in this field?

Dr. CROUT. Yes; I agree with that.

This tape you are about to hear will last about 2½ minutes. The speaker is an osteopathic physician sponsored by Abbott Laboratories.

Again a clear message is given: Anxiety is everywhere and chemotherapeutic agents are the treatment of choice. The program tells the physician that minor tranquilizers are the preferred drugs and mentions that a once-a-day regimen is best. Abbott's Tranxene SD happens to be the only minor tranquilizer with a once-a-day dosage regimen.

[At which time a tape recording was heard.]

Dr. CROUT. Again I point out you are hearing what is factually correct but is in a point of view many would consider one-sided. Also I point out that Abbott Tranxene happens to be the only minor tranquilizer with a once-a-day dosage regimen, which explains the coincidence that Abbott is sponsoring this particular speaker who prefers a once-a-day regimen.

Before I am accused of the same thing, let me plead guilty to some selective editing in showing you these particular samples. We have edited portions of these tapes to make a point, and I would point out that in the course of the entire tape some degree of balance may emerge and some of these programs may be excellent. On the other hand the problem of selection by the drug firm is the issue I am concerned with in this overall process.

This is a lecture on Stress, Anxiety, and the Cardiovascular System by Hans Selye, M.D., Ph. D., D.Sc. In the words imprinted on the audio cassette, the lecture is, "Sponsored as a service to physicians by Pfizer Laboratories Division."

[At which time a tape recording was heard.]

Dr. CROUT. Again without a hard sell, the message is the same: More people need more tranquilizers for longer periods of time. Pfizer Labs manufactures the minor tranquilizer Vistaril and the trade