In an efficiently competitive drug industry, sales promotion activities would be adapted so as to reflect the structure of information needs and to take advantage of the ability of the relevant individuals to absorb information, in order to minimize the cost of providing the necessary data. Since ethical drugs are ethical in that they cannot be bought over the counter, advertising to final consumers would seem unnecessary. Instead, advertising need be directed only to prescribing physicians. But doctors would seem to constitute a specialized market for several reasons. First, they are highly trained professional men. Second, they are extremely busy. Third, they are unquestionably prosperous. A rational advertiser would adapt his sales strategies accordingly. Since the physician is quite intelligent and well-trained, he can respond adequately to modicum of purely informative advertising material and need not be bombarded with masses of insistently persuasive promotional appeals. (If a word to the wise is sufficient, the drug firms are guilty of a colossal insult to the physician's intelligence.) Since doctors are busy, the time they can devote to the study of drug information of all sorts is limited. And since doctors are men of some financial means, and profit from the availability of good drugs, they should be expected to pay the costs of being supplied with adequate drug information. The sales promotion outlays of the drug industry, like all their other expenditures, are paid for entirely by the patient. Even if doctors find that detail men are convenient sources of information, the patient is still subsidizing the doctor by providing him with a number of tutors, and biased tutors at that. It is debatable whether this sort of subsidy is justified. However, the amount of the subsidy, rather than the nature of it, is the chief point. If the doctor were to be required to bear the costs of obtaining his own drug information, he could still pass the costs on to his patients through higher fees. But the costs of alternative means of being supplied with information—subscriptions to official compendia and their periodical supplements, or to independent newsletters such as *The Medical Letter*, would be a very small fraction of the amount spent at present on sales promotion by drug firms.

Obviously, the necessary information on drugs must somehow be supplied. It may be supplied by the companies, by independent evaluating organizations, or by government. If supplied by government it can either be made available upon subscription or can be distributed free of charge. By whatever medium it is communicated, it should achieve four objectives: (1) insure adequate flow of accurate and unbiased information; (2) minimize the volume of redundant communication; (3) make informative communications more concise; (4) eliminate all misinformation.

The provision of this information by the companies themselves has been sharply criticized, chiefly by the recipients of these promotional attentions, on numberless occasions. This is not the place to deal in detail with these criticisms, but the chief complaints may be recapitulated in terms of failure to achieve the goals of a satisfactory communication system: (1) constant interference of commercial bias; (2) excessive communication, such that the volume of indifferent information and just plain "noise" minimizes the likelihood of the detection of the occasional communication of genuine value; (3) emphasis on persuasion and suggestion rather than upon providing genuine information; (4) redundancy of communication as a result of the mutually offsetting nature of sales promotion rivalry among firms not competing on a price basis; (5) the presence of a certain amount of outright misinformation, chiefly in regard to inadequate disclosure of side-effects or contraindications.

Evaluation by independent sources, or by public bodies, should eliminate commercial bias and minimize the temptations to indulge in excessive or overly persuasive communication. Intentional misinformation should also be eliminated, although the fallibility of human agency will render any drug information system less than perfect. It is, however, doubtful that the first goal of an information system—insuring an *adequate* flow of information—will be achieved by any system which leaves the aquisition of the information source up to the discretion of the physician. Proof of this is supplied by the small fraction of the medical profession subscribing to the *Medical Letter*: only about 15 percent, which is to be deplored. (It is of course possible that if the institution of price competition in the drug industry lowered profit margins and eliminated the detail-man, more physicians would subscribe.) In England the *Prescriber's Journal* is distributed free to all doctors, and a similar step is being considered in Canada. We in the United States should be hesitant to extend such a subsidy