member for almost 20 years I have never known it to offer a program intended for drug promotion. This is in contrast to the New York Academy of Science from which I, among others resigned because it began to sponsor obviously biased "symposia" which were nothing more than grandiose promotion programs

intended to push a particular product.

So long as the average practioner is the captive of the drug industry, and I am convinced he is, and medical organizations are made up of physicians who are captive, it follows that the organizations are in turn captive. The real question is not whether they are captive but rather the degree to which they are captive. Those who publish a journal and derive income from drug advertising are probably even more captive that the average practitioner. Those who derive such income cannot deny that a conflict of interest exists. The AMA's contention that it is not a party in a tacit conspiracy with the drug industry is not convincing. Its denial fails to explain the astonishing, unscientific, pro-drug industry positions it has taken. It has given shelter to the drug industry under the cloak of immunity given to physicians, and the drug industry has been more than willing to accept the shelter since it gives the industry an ethical image while it uses the same profit-oriented tactics of any big busines. It pays well for the shelter by buying advertising pages. As I suggested in my prepared statement, the AMA is serving its own interests and the support it gives the drug industry is secondary. In my opinion this is simply a definition of conflict of interest. I would not expect the AMA to put the drug industry's interests before its own. I wish to make it clear that I have used the term propaganda to describe the drug industry's "education", in terms of one of Webster's definitions of propaganda; "any systematic, widespread, deliberate indoctrination, or plan for such indoctrination; now often used in a derogatory sense connoting deception or distortion".

As we speak of propaganda as opposed to education I am reminded of recent reports in which the AMA, trying to keep its significant income derived from drug advertising tax free, has quoted Dr. Goddard to the effect that drug advertising is educational. I do not know the source of this quotation or whether the quotation is being used in or out of context. If it is accurate and in context, I can only say that I disagree with Dr. Goddard. The concept that the merchant who hawks his wares serves an educational purpose is a trayesty.

Finally let me point out that I devoted a major portion of my 1960 statement to exploding the myth that drug advertising is educational. I enclose a mimeographed copy of that statement which you may wish to make a part of the record

of these hearings.

Question. On page 3 of your statement you refer to your experience in getting the endorsement for a particular product. Was the product worthy of an endorsement? What form did the endorsement take?

Answer. I have deliberately kept this part of my statment vague since I would not want, under any circumstances, to reveal the name of the physician involved. I have said in my statement that I did not believe the product deserved endorsement at the time of the incident. Since that time nothing has happened to change my opinion. I can add, that it was a combination product which as a fixed combination was rarely, if ever indicated. The doctor involved was a vocal opponent of all such products and frequently mentioned our product by name. The "endorsement" was actually an agreement on his part to discontinue this practice. I essentially promised that we would limit our claims, but over the years the promise was not kept. The doctor did not know that the mere fact that we could market it with any claims at all had already led to widespread misuse.

we could market it with any claims at all had already led to widespread misuse. Question. When you were a drug company medical director, did you ever instruct detail men in how to sell drugs? What kind of techniques of selling did you present to the detail men? How effective were these techniques on the physicians? Was the aim to make physicians prescribe more intelligently?

Answer. During my time in the drug industry I had a close ongoing relationship with detailmen. It was from one of them that I learned the simple maxim I drew attention to in my 1960 statement; "If you can't convince them, confuse them". During my time I attended detailing "clinics" and "workshops" and I played an important role in introducing new products to the entire detail staff (I believe it was about 500 men at that time).

The primary purpose of detailing (as is true of all advertising and promotion efforts) is to sell the company's products. Any and all other goals are secondary. The company that has exclusive rights to a new drug that is truly useful is fortunate, indeed. This is a rare occurrence and those companies (e.g. Smith, Kline and French) who have been in such a position even for a few years have