made a fortune. Even so SKF made a strong bid for the Miltown market in its detailing, advertising and promotion.

Most often the new product is a duplicative "me too" that resulted from patent evading molecular manipulation, a combination that has, at best, an extremely limited market, or an uninspired drug that must compete with a host of competitive drugs already on the market. Not infrequently a drug that represents a real breakthrough is useful only in a very small number of patients (simply because the disorder is a rare one) and there is always the temptation to increase its sales volume by extending the indications to include patients who do not need the drug. In teaching and instructing detailmen one must attempt to instruct and inspire them over a product that is, more often than not, uninspiring in order to increase sales volume to its maximum point.

A detailman is a salesman and, as is true of any salesman, his enthusiasm about the product he is selling plays an important role in how many sales he makes. The members of my staff and I were only a part of the manpower used to whip up enthusiasm over a humdrum concoction. In addition, innumerable prizes ranging from cutting boards to sets of monogrammed glasses are given to those detailmen who reach or exceed a pre-set quota of sales. Since I was the confidant of many of the detailmen I learned that many of them had convinced, or confused, a doctor to prescribe one of our products by telling the doctor that they were only one step away from winning a prize.

It is my considered opinion, regardless of what may be said by even a majority of average practitioners, that detailmen are nothing more or less than extremely expensive parasites. The Task Force estimates that there are 20,000 detailmen employed by the drug industry. I estimate that the cost of maintaining a detailman is somewhere near $20,000 per year. This is a minimum rather than a maximum estimate, and so we are speaking of an expenditure on the order of one half billion dollars. This amount is, of course, deducted as part of the cost of doing business when income tax is calculated. In brief, the public pays a large part of the expense for the support of the detail man and pays it twice.

I went into psychiatry on the crest of the wave of psychopharmacology and so I am psychopharmacologically oriented. I use drugs when they are indicated and I use many of them. In almost 10 years of practice I have never seen a detailman and only about a half dozen have called my office trying to make an appointment. My refusal to see detailmen is based both on my experience in training them and on their confiding to me the methods they use to make a sale. I am not aware that my ability to practice psychiatry or my knowledge of the many drugs used in psychiatry have suffered by the absence of the detailman. I would rather take the advice of an uninvolved, impartial expert than be guided by the claims made by the merchant hawking his wares. I can express my overall opinion about detailmen best by paraphrasing Oliver Wendell Holmes; if all detailmen were dumped into the sea it would result in the betterment of mankind and detriment to the fishes. The primary purpose of the detailman is to make a sale even if it involves irrational prescribing and irrational combinations that contain a prophylactic ingredient furnish an ideal path to confusion. There are drugs whose merit is such that there is no need to mislead or confuse the physician.

If the physician does any reading at all, he has no need for the detailman. If we could legislate the detailman out of existence this could well prove to be the most important piece of drug legislation enacted. The detailman is not the expert both the industry and the apologists claim he is. His detail is often "canned" or is at best a paraphrasing of what he has been told to say. A standard answer to a question he has not been drilled on is to be modest and claim he would not want to tell the doctor how to practice medicine (not much). Or the detailman tells the doctor that he will forward his question to the home office. In this case an expert does the confusing rather than the inexpert detailman.

Question. Dr. Paul Lowinger of Wayne State University recommended to the committee that investigators working on a drug know who the other investigators are and the results of their work. This could save a lot of time by pointing out failures and pitfalls. What do you think of this idea?

Answer. In any kind of large scale research, proper coordination of the research is almost as important as the research itself. My suggestion that a central agency act as an impartial intermediary between the drug company and the investigators was predicated on the assumption that the central agency would serve as a coordinator. So long as rights regarding publication are respected, failure to follow Dr. Lowinger's suggestion would be foolish.

Question. The AMA testified before the Kefauver Committee (Pt. I, p. 87 Drug Industry Antitrust Act):