appear unequal by placing arrow-heads that converge at the ends of one line and diverge at the ends of the other line. The misleading nature of this device and the predictable response are not important. If one line is labeled 'effect of Drug A' and the other 'effect of Drug B' it can pass provided that the advertisement does not specifically state that the lines are unequal. Under these conditions the advertisement can be defended against any attempt to prove it false or misleading. Obviously that which cannot be proved false must be true and the truth cannot be misleading. The doctor who wishes to keep his job in the drug industry will find it mandatory to use this kind of reasoning.

"In desperate situations what can pass can be stretched to almost infinite limits. The determining factors are the mental and verbal facility of the doctor or lawyer who must defend it. One can always escape under a smoke-screen of words and if worse comes to worse, he can admit to an 'honest error' and challenge anyone to prove that there was any *intent* to mislead. Typical examples of these techniques are documented in the record of the Kefauver Hearings."

As Dr. Goddard said in his article in Esquire: "High-priced lawyers will spend hours in conference with FDA officials, haggling over the wording of promotional material, engaging in semantic arguments as to whether a certain section of government regulations does or does not give FDA the right to limit the company's 'freedom' in a certain area". About three and one half years after I deplored the type of advertising that leads to the chain reaction: fever equals infection equals a prescription for an antibiotic, I clipped the advertisement I have marked Exhibit #1 from the J.A.M.A. I believe it speaks for itself.

To demonstrate the kind of advertising that apparently meets the new FDA requirements I have clipped two advertisements from the March 1969 issues of *Medical Tribune*. These are marked Exhibits #2 and #3. The difference between Exhibit #1 and #2 is only in the degree of sophistication used and that the FDA requirement for full disclosure and "*balance*" have been met. Nevertheless the basic technique of creating a short circuit between a sign, and symptom, a complaint, a catch-all syndrome, or a catch-all diagnosis and the name of a drug that can be written on a prescription pad is followed to the letter. Exhibit #2 is in extremely poor taste not only because the woman depicted in the photograph can be suffering from anything from simple exhaustion, to anemia, through chronic schizophrenia, and on to any chronic debilitating disease, but also because it is only slightly, if at all, removed from the crass television commercials that say she has "tired blood" and needs Geritol, or those that say she has the "blahs" and needs AlkaSeltzer. She needs careful diagnostic work-up and not a prescription for Valium t.i.d. or q.i.d. The advertisement is a total composition deliberately intended to convey the impression that the "always weary" (a diagnositic category unknown to me) can be treated by writing a prescription for Valium.

Exhibit #3 is even worse and probably represents the best in advertising and the very worst in drug advertising. Advertising becomes more effective as it makes a stronger appeal to the irrational unconscious needs of the reader. To imply that the extremely variable and complex psychodynamics that may lead to symptom formation or psychopathology in this critical period of many men's lives can conveniently be dropped into a wastebasket labeled "Torschlusspanik" and treated with Librium approaches criminal neglect. I know of no scientific evidence that supports this oversimplified diagnosis and recommendation for therapy.

At the time when Dr. Fritz Freyhan (in the March issue of the American Journal of Psychiatry) is deploring the deficiencies in the training that even psychiatric residents get in psychopharmacology, and states that drug therapy cannot be divorced from an understanding of the basic principles of psychiatry, we have drug companies educating physicians about "Torschlusspanik." Significantly these advertisements appear in the *Medical Tribune* and not in the *Psychiatric News* or the *American Journal of Psychiatry* of the same period. It seems that they are directed at the more unwary average practitioner. It gives him another name he can write on a prescription pad thereby increasing his concept of his own omnipotence and fostering the delusion that every human problem can be solved with a prescription pad.

A question that is frequently asked, and it is invaribly asked in a tone that conveys amazement and total disbelief is: "Do doctors actually prescribe on the basis of advertising?" This device was used frequently in the Kefauver Hearings and most witnesses avoided the question since an affirmative answer left one open to the accusation that he was questioning the intelligence and integrity of his colleagues.