pill affects him as well as his patient. One need only observe the reactions of many physicians or being exposed to valid evidence debunking a pill they have been using with the delusion of confidence. These vary from mild denial and disbelief to irate protest and one is reminded of the varied reactions of children on being told that there is no Santa Claus or of adults on learning that TV quizzes are frauds.

Keeping up with the voluminous medical literature is an enormous task, and the busy practitioner is forced to neglect it to an increasing degree as his practice increases. Many feel guilty about this. They can read the condensed and pre-digested pap of drug advertising and promotion in the same time it takes to throw it in the waste basket or get a five minute education in the latest advances in medicine from the detailman. It is not surprising that they enter into a *folie a deux* and foster the delusion of advertising and promotion as postgraduate medical education.

The patients contribute their share. Too many are unable to accept that the physician in spite of his limitations is still best able to determine the proper treatment. The best doctor is not necessarily the one who gives a shot for every complaint, and the more conservative physician who does not prescribe the latest drug reported in *Coronet* may be far more competent than the one who does. But fear of disease did not end with the plagues and patients still seek their bag of asafoetida. It is this anxiety which leads some to avoid black cats, and most to seek newer, stronger and more impressive magic from the doctor. Too many physicians respond to this pressure not by dealing with it directly but by trying to produce a tangible symbol of the magic. To the pharmaceutical industry this is an open invitation to exploit both the patient and the doctor, and so it claims to have the magic all wrapped up in pretty packages and with a price tag which makes the magic all the more impressive.

The simple fact that anxiety is virtually impossible to evaluate objectively and that it responds to almost any bag of asafoetida accounts for the market in the so-called tranquilizers. In modern times the anxiety is stirred up not by an epidemic of plague but by advertising and promotion, and the meteoric rise of one of these drugs was not deterred by the early appearance of two lengthy testimonials, back to back, in the *Journal of the American Medical Association.*

This leads one to wonder what motivates editors to accept these articles which do not merit publication. Since they do not accept every paper which they receive they cannot hide behind their usual protest against censorship. Perhaps they are unaware of the damage which can be done by the cloak of respectability they lend and how well they serve the interests of the pharmaceutical industry to whom these atrocities are like manna from Heaven. I do not know if paid advertising influences this.

I have a better notion why public platforms ostensibly dedicated to the dissemination of scientific information are turned over to drug companies to launch programs of obviously biased drug promotion under the guise of scientific symposia. Even the platform of a government agency has been perverted to introduce, on the flimsiest evidence, a new drug which later came under the fire of the Federal Trade Commission. In this case the abuse was so flagrant that it aroused effective protest from a small group of indignant merical educators.

This latter phenomenon is so rare that one must wonder about the responsibility of the leaders and educators in medicine. Most face the problem with denial, complacency, or a sense of futility. Perhaps this is understandable in the light of the fact that the industry alone commands the resources necessary to make propaganda effective. How can legitimate education compete with the philosophy of the opium pipe and the carefully contrived distortions driven home by the trip-hammer effect of weekly mailings, the regular visits of the detailman, the two-page spreads, and the ads which appear six times in the same journal, not to mention the added inducement of the free cocktail party and the golf outing complete with three golf balls stamped with the name of the doctor and the company in contrasting colors.

While I feel that restrictive legislation is necessary to curb the excesses this is a partial answer at best. In all areas relating to the healing arts vulnerability and the facility and temptation to exploit it are so great that self-imposed restraint has always been considered a necessary prerequisite. If the industry could practice this instead of proclaiming virtue we would have the ideal solution. I am unaware of any tendency in this direction and the internal problems in the industry