Our problems are much more real and immediate than that kind of horror. I do not think in the future we are going to have a drugged society, either.

Mr. DUFFY. You do not see that as a problem.

Mr. BARBER. No. I think the chances are that we will get better knowledge of social and psychological functioning which would be, as I say, prophylactic medicine, curative—preventive medicine, I guess is what I really want to say, rather than this later patching up our troubles.

Mr. DUFFY. In response to Mr. Gordon's question about regulation of promotional activities, you were not suggesting, I assume, that there be any regulation placed on promotional activities directly. You were just talking perhaps about over-the-counter drugs and advertising to the general public, is that correct?

Mr. BARBER. Well, as you know, and I have described some of this in some writing, there are among physicians themselves all kinds of charges that there is a great deal of high-pressure advertising, hard-selling Madison-Avenue-type advertising, of psychotropic drugs and other kinds of drugs, and again I have no specifics to recommend there, but that is recognized by many people and probably some in the drug industry itself as a problem.

Mr. DUFFY. One last thing, if I may.

It would appear you might conclude that there is perhaps over-prescribing of psychotropic drugs. However, you apparently can find a rationality for this. Perhaps, as you suggest here, this is a failing of the individual to cope with his own problems or of the doctor in his desire to help the individual to cope with his own problem. Do you see any other elements that might contribute to this?

Mr. BARBER. Well, I would like to put it the way Dr. Yolles did, in terms of cost-benefit ratio. I think the lesser cost would be if the patient and the physician were more able to cope with their lack of certainty and lack of control and if the patient then did not spend the money that is necessary for these placebos and unnecessary drugs. But what I am saying is that, given this situation—that is, inability to cope—it is not entirely disfunctional when people behave in this way. It probably does give some benefit for the cost, both the physician and to the patient.

There are a number of examples of this kind. There was a fad for appendectomies, tonsillectomies, and so on. The history of medicine is filled with these kinds of fads that I think in part come out of this same sort of situation.

Mr. DUFFY. Thank you, Professor.

Senator NELSON. Thank you very much, Professor, for your very valuable testimony. We appreciate your taking the time to come.

(Whereupon, at 12:30 p.m., the hearing was adjourned, subject to the call of the Chair.)