of course, he doesn't even see the advertising. Isn't there a very special responsibility of the medical profession to the public? After all, there is no one else who is qualified to judge the quality of the advertising, the quality of the product other than the medical profession.

So when the Journal of the American Medical Association or any of the other professional journals accepts advertising, don't they have a special, very special, responsibility for that advertising and as custodians of the health of the public a special responsibility to that public?

This is what the profession says all the time. And that is why it seems to me that this kind of "behavioral drift" ad, or all the rest of these, are shocking misrepresentations.

I would like to see the profession do something about it before it becomes necessary for the Government to step in.

But we have to take a case as dramatic as chloramphenicol and have a congressional committee, on which there isn't a single member of the medical profession, expose it to the public by calling in experts about the vast misuse of chloramphenicol. Why weren't the journals that were taking the ads for chloramphenicol which says, "Chloromycetin when it counts," with a bronchoscope on it, why weren't they throwing those ads out? They knew the statistics, and why weren't the medical societies calling conventions and everything else? They knew exactly what was happening. But it took a congressional committee to do it. This is the shocking thing to me.

Dr. BRILL. Senator, in principle I think that the medical profession thoroughly recognizes what you have just said; that is, that medical publications have a very special responsibility with respect to the advertisements that they carry. Now, with regard to the psychiatric drugs, the situation is not nearly as clear cut as it is in the case of chloramphenicol.

I wish it were, then we could be more clear cut in our statements here. Unforutnately, if we take the "behavioral drift" ad that you have there, this could be a symptomatic description of depression. This includes the symptoms of a relatively mild, but still quite disabling, depression. On the other hand, it could be something far less serious. And this is where we have difficulty in defining what is or what is not misleading, because of the poorly defined parameters of our practice.

Now, perhaps the simplest way to head off this thing is, you must make a diagnosis first, and then after having made the diagnosis, these are the kinds of symptoms that you would be trying to treat.

And perhaps the real criticism is that it appeals to poor diagnostic practices.

Dr. FREYHAN. I would say that this Aventyl advertisement [1] is first of all in poor taste. It also is misleading in a number of statements. There is the statement "an immediate effect and a rapid overall response." There are various potent antidepressant drugs, and this is surely a competitive field. But there is no conclusive evidence that Aventyl acts faster than other antidepressants. While there is some

[1] See p. 5350.