bination. And I quote in the footnote an article which did conclude in favor of a combination of phenothiazine but which failed to take this point into account. The advertisement, to be fair and informative, should point this out, that is, that optimum and total dose is probably the cause for any improvement that the patient shows.

Senator NELSON. Of course, if they put that in the ad there would be no reason for buying the drug.

Dr. FREEDMAN. That need not—scientifically—be so. But at least any physician trying it would know that he was not providing a new therapy—a new therepeutic regimen (which is different than a new drug).

Dr. PILLARD. The advertisement should also point out that the combination is much more expensive; 100 Thorazine tablets in a hundred milligram dose sell for $12.25—and all the prices I am giving are the average retail prices at three pharmacies in Boston; 100 Stelazine tablets in the equivalent 5 milligram dose are $14.35. You have to understand that the drugs have a different potency so that 100 milligrams of one is roughly equivalent to 5 milligrams of another. So that the two together are a total of $26.60. However, 100 tablets of Thorazine in the 200 milligram dose, you see, the stronger dose, are only $16.65. Therefore the patient would save $9.95 if he could be treated just as effectively with a larger dose of the single drug. It has been shown in other studies that many schizophrenic patients are undertreated, so if you give them, in addition, a different phenothiazine they would get better. But the first thing that should be done is, they should be given more, a larger dose of the same drug they have been getting.

To avoid misunderstanding I should say that there may be rare patients who will benefit from one of the less frequently used phenothiazines or from a combination. If the patient is not responding, then certainly the physician should adjust dosage, medication type and so on. I am not against the doctor's using his brains. What I do question is the judgment that an expensive and unproved treatment is worth promotion. Every psychiatrist who opens a journal will think of Stelazine-Thorazine. How many will think of the VA Cooperative Study from 1961?

Now I move on to antidepressants.

Exhibit 2,[1] which, again, is attached, shows a woman in tears at her son's marriage. I have only included the right-hand page of the two-page advertisement, but I will submit the whole advertisement to you so that it can be published in the record. It says in part, and I quote again from the advertisement:

> Often in the mind of the lonely, widowed, depression-prone individual, she's not gaining a daughter, she's losing a son. The occasion may be marred by depression with such symptoms as feelings of sadness, incapacity, helplessness and hopelessness. Tofranil often relieves symptoms of depression.

I also want to insert here that I don't mean to be picking on the drugs of particular manufacturers. If anything, I am selecting drugs which are unquestionably effective, there should be no doubt about this, these are good drugs. What I am discussing is the promotional material which is used for them.

[1] See p. 5421.