Dr. PILLARD. That is an easy one to answer. The same way that surgeons would find out about a new operation. If somebody discovers a new way to do a hysterectomy there is no advertisement which tells the surgeon about this, but they find it out.

I can give you even a better example in the psychotropic drug field, which concerns the drug lithium carbonate. This drug is not advertised, in fact it is not even manufactured for commercial use. Nobody wants to make it. But my impression is that psychiatrists around the country are quite aware of lithium carbonate, and they prescribe it in judicious amounts. To be sure, it is used for a rare illness, manic psychosis, which is a rare illness. But I am very impressed by how knowledgeable psychiatrists are about this drug which has never been advertised, it has only appeared in meetings, medical journals and so forth. I think if these advertisements were done away it would clear the air and rid us—and we would have more information and less pseudo-information.

Now, I go into recommendations.

1. I support the recommendations of the Task Force on Prescription Drugs. They are an ambitious set of proposals and if even one of them, the establishment of a compendium with price information, could be effected, it would be a contribution to medical practice.

I have just been reading some of the testimony you have had from others who oppose the compendium. And I must say the fact that it would be a large book doesn't impress me at all. Dictionaries are big and the Encyclopedia Britannica stretches across the room, but that doesn't discourage people from using them if they want the information.

2. Medical journals ought to stop all drug advertising. They should do this for the benefit of their readers, for the reasons I have discussed above, and also for the sake of their own editorial objectivity. It is impossible to estimate the extent to which editorial judgment is influenced by the advertisers—hopefully not at all—but we should eliminate even the possibility of such influence.

And I want to insert a point which I think is very important. The journal should undertake as an editorial responsibility to teach the members of the profession about different treatments which they think are being either overused or underused. The editorial boards are distinguished persons, and they should show this as an educational responsibility to the rest of us in the profession. If they believe that a particular drug is being misprescribed or overprescribed or which has dangerous side effects which are being overlooked, this should be stated clearly in an editorial. This is rarely done in psychiatric journals, it is rarely done in any medical journal.

And indeed I don't think it can be done. Because if the editors plug one drug and pan another they are always open to criticism that they are responding to the pressure of the advertisers. If there were no question about it I think they would feel more free to say what they think with respect to this drug treatment.

It has been argued that journal advertising is useful in that it keeps down subscription fees and those who don't like to read ads can simply skip over them. This argument is without merit. Remember that what the drug companies do is paid for by a group of *involuntary consum-*