logic, to recommend the use of oral papaverine in patients recovering from completed strokes and transient ischemic attacks.

Again, despite the educational format and the appearance of distinguished physicians, the learning system is not a disinterested effort. First of all, it is directly linked to a frankly promotional effort. The linegraph-brain logo that appeared in the film was subsequently reproduced in journal advertisements and promotional labeling for Pavabid. Those promotional efforts are directed, just as the learning system was, at the use of Pavabid in the treatment and prevention of transient ischemic attacks. In addition, although some physicians believe cerebrovasodilators are useful, a great many others disagree. The learning system did not refer to these negative views and a user of the system would necessarily gain a very incomplete view of the current opinion of experts regarding these agents.

Another new continuing education modality is the medical telephone conference system. These telesessions, sponsored by pharmaceutical firms, enable physicians from around the country to discuss a disease for which the company's product is offered with the guidance of a company representative.

Appendix F is a leaflet intended for pharmacists describing telesessions to be held for Pennwalt's Zaroxolyn. Noteworthy are the statements "AMA Credit" and "Positive Effects on Sales Shown by Previous Participating Companies in Other Therapeutic Categories: Roche, Abbott, Burroughs Wellcome, Smith Kline & French."

While we do not know precisely what fraction of educational materials is industry-sponsored, we believe it is large. The examples provided show clearly that the educational content is commonly promotional in intent.

At most medical meetings there are numerous exhibits, some of which are commercial exhibits promoting various drug products, others of which are scientific exhibits describing the work of independent scientists. These latter are usually not bound by the kind of limits our regulations place on drug labeling or advertising, because they have been considered equivalent to scientific publications. As a result, such scientific exhibits frequently discuss new uses of drugs, drugs not yet approved, and comparative properties of drugs not made in approved labeling.

Recently, agency action related to the regulation of drug labeling has raised serious questions about these exhibits. In an attempt to define ways in which a drug company could distribute independently prepared educational materials, such as standard textbooks of pharmacology, we suggested guidelines under which such information would not be considered drug labeling. For the most part, these guidelines attempted to assure that such materials were wholly independently developed and edited. We did not feel that materials which discussed products of a single manufacturer or which discussed drugs and were produced with drug company funds could avoid being labeling if a drug company distributed them.

We have discussed these guidelines with representatives of the American Medical Association and the Pharmaceutical Manufacturers Association who indicate that many scientific exhibits depend upon the support of individual pharmaceutical companies whose products are described in the exhibits.