professional personnel such as nurses and technicians may be used instead of/or in addition to the physicians. An unattended exhibit loses much of its teaching value. Unless the personnel staffing an exhibit are adequately compensated, only the most dedicated will stand there all day.

8. ESTIMATED COST OF PREPARING AN EXHIBIT FOR THE AMA

1. Collection of data—$100 to $100,000.
2. Design of Exhibit—$200 to $1,000.
3. Editing of Copy—$100 to $1,000.
4. Construction of Exhibit—$3,000 to $30,000.
5. Shipping and Setup—$400 to $1,200.
6. Preparation of brochures—$300 to $3,000.
7. Expenses of personnel—$600 to $3,000.
8. Total cost for exhibit (except No. 1)—$5,000 to $40,000.

Few physicians or scientific investigators can afford to have an exhibit unless they receive financial support. In the past, large clinics and medical centers supported exhibits as part of their public relations and professional education programs. The source of these funds has been severely reduced lately. Some exhibits have been supported by professional societies and lay health organizations, but too often these organizations are more interested in recruiting members and raising funds than in educating physicians. Support from the federal government through National Institutes of Health, Armed Forces Institute of Pathology, the Food and Drug Administration and the military forces has helped in the past, but this has recently been greatly reduced. Approximately half of the federally supported exhibits have had good scientific value, but the other half have been ineffectively presented propaganda designed to enlist the physicians' support for a specific government program. The only other source of financing exhibits has been pharmaceutical companies. Either directly or indirectly this pays about eighty percent of the cost of the scientific exhibits. If ill-conceived federal regulations eliminate this support the scientific exhibit will disappear. Not only will the medical profession lose this most efficient single method of medical education but many of our great medical conventions will disappear. The AMA and most of the state medical societies would cease to have large scientific programs and would settle for a business meeting of the House of Delegates. Continuing Medical Education would then consist of the free standing papers in the specialty societies and the planned courses and symposiums put on by various groups. No longer would there be one place where physicians from all different specialties could meet and freely exchange knowledge.

Some pharmaceutical companies do have altruistic medical directors who are willing to support a purely educational exhibit but the financial directors who approve the expenditure of funds must be assured of getting their money's worth. Corporate identity is possible in the "sponsored teaching exhibits", but is not now possible in the scientific exhibits. Product identity in the scientific exhibits is possible, but is obscured by the use of generic terms throughout the body of the exhibit. Using a scientific exhibit for promotional purposes is contrary to the spirit of the regulations of the AMA. However, the AMA cannot be responsible for anything that happens to an exhibit or to the brochures after the meeting. In this highly competitive society few pharmaceutical companies can afford to support a purely educational exhibit and very few would be willing to support an exhibit under the proposed FDA rules.

There is a gray area of promotional exhibits that lies between the truly scientific exhibits and the known commercial exhibits. It has been the policy of the AMA exhibit committee to guard against promotional abuse in the scientific exhibit. We think that we have done a good job in the past and hope to continue. However, the rigid implementation of the rules proposed by the Food and Drug Administration would retard medical communication and not improve patient care. It is recommended that representatives of the AMA meet with the Food and Drug Administration to consider ways of modifying the severity of these rules.

JAMES M. MOSS, M.D.