In 1950, a rule (adopted in 1905) that only the inventor of a new drug could use his brand name of the drug in advertising in the AMA journals, was dropped. In 1952 the publication of a handbook, *Useful Drugs* (issued periodically since 1917) was discontinued. (The 1961 AMA proposals contemplated the publication of a similar book which, however, would include all drugs and would thus lack the discrimination between useful and less than useful drugs characteristic of the earlier publication.) In 1955, major advertising policy changes were made in response to a survey by Ben Gaffin and Associates addressed to the problem of increasing AMA advertising revenues. Before 1955, the AMA Council on Drugs, an expert technical body, had effective control over advertising. Only Council-approved drugs could be advertised. Approval required the obtaining of a "Seal of Acceptance" which was granted only after the drug firm had submitted to the Council all the data it requested, including both favorable and unfavorable reports. (By way of contrast, at that time there was no requirement that all test data, favorable and unfavorable, be sent to the FDA with new drug applications.) The Council on occasion inspected drug factories. It exercised some control over generic names, since only generic names approved by the Council could be used in AMA journal advertising. The Council examined and passed on all advertising.

In 1952, Ben Gaffin and Associates began a survey to determine how AMA journals could get more advertising. It noted that AMA advertising had increased only 3 per cent since 1948, while other medical journals had increases of 40 per cent. The survey indicated that while physicians and small drug firms thought well of AMA advertising control policies, large firms were critical, particularly of the "Seal of Acceptance" program. The Gaffin study recommended that the Seal of Acceptance program be dropped, and the advertising controls be liberalized.[16]

In 1955, several major changes were made in advertising policy. Advertising control was taken out of the hands of the Council on Drugs. The Seal program (in effect in that form since 1929) was abolished. The Council lost its influence over generic names by this means, and also its power to elicit unfavorable as well as favorable evidence on drugs. The Council lost all control over advertising.[17] While rules requiring generic name advertising were being abolished, editorial changes were made which drew increased attention to brand names.[18] It is instructive to note that the 1961 reform proposals of the AMA did not include reinstatement of the control over drug advertising on the part of the Council on Drugs. Indeed, the preparing its presentation for the hearing, it did not even seek the advice of the Council, its own expert advisory body on the subject matter to which the hearings were addressed. This fact was testified to with dismay by more than one member of the Council.[19] Had the Council been influential in drafting the AMA's testimony, it is hardly conceivable that the AMA would have gone on record as opposing the requirement that a drug need be efficacious in order to merit a new drug permit.

During 1955 a microbiological laboratory, established in 1949 to establish purity standards for antibiotics and other drugs, was abandoned. And in 1959 a chemical laboratory, founded in 1906 to formulate and develope standards for drugs, was abandoned because of overwork and lack of finances.[20]

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[16] *Ibid.*, Part 1, pp. 102–103; Part 2, pp. 490ff. Part II of the survey includes the following: ". . . while the possibility of increasing advertising revenue by several million dollars per year is a good motive for putting into effect the information gained from these two studies, there is an even more important reason for so doing. . . . the AMA has an opportunity to assume leadership in improving some $130 million worth of medical advertising per year." It thus becomes apparent that it was the duty of the AMA to enrich itself.

[17] Mr. Stetler of the AMA denied that these changes had occurred in response to Gaffin's survey. Gaffin himself was convinced otherwise. In another drug survey, he links his recommendations and the AMA's actions: "The survey of pharmaceutical advertisers played a part in bringing about a number of policy changes . . . [including] the eventual dropping of the 58-year old council seal of acceptance program." *Ibid.*, Part 1, p. 125. If the AMA disagreed with Gaffin's diagnosis, they took no disciplinary action. Gaffin continued to conduct their surveys throughout the 1950's.

[18] Dr. Hussey volunteered that "Trade names, formerly listed at the end of monographs, also have been placed immediately after the nonproprietary titles of monographs and on the front page of the *Journal* to more readily catch the eye of *Journal* readers." *Ibid.*, Part 1, p. 106.

[19] *Ibid.*, Part 1, pp. 216, 375.

[20] The Council of Drugs also suffered from insufficient finances, its appropriations increasing from $135,000 in 1950 to $156,000 in 1954 (the last year of active Council advertising control) and declining to $75,000 in 1960. Curiously, the public relations department budget increased prodigiously, from $102,000 in 1950 to $494,000 in 1958. *Ibid.*, Part 1, pp. 126–127.