As a side-light on this drug, it was featured in the July issue of "Pageant" magazine for "bursitis", "trick knee", "tennis elbow" and "a host of other less common disorders characterized by pain and swelling in and around the joints". The only support for these claims was user testimonials which, according to the article, were made available to the writers by the sponsor of the drug.

Lincocin is a new antibiotic entry among the 1965 models.

The ad to promote the drug is highly competitive in comparing the ease of use and the absence of some side effects expected from the established antibiotics. It is "practically painless on injection", unlike older intramuscular tetracyclines; it "does not share antigenicity with penicillin"; it has "no serious renal or neurologic abnormalities" and "no ototoxicity", unlike streptomycin or kanamycin.

Yet after such elaboration on what side effects the drug does not have, the ad obscures the most important information that the physician needs in using this drug—that hematologic toxicity can occur, and that the frequency of severe diarrhea is a unique feature of Lincocin therapy.

Pediamycin was another 1965 model antibiotic. It was featured as being especially safe for infants, but no substantial evidence existed to support the claim. And the range of its usefulness was exaggerated.

Tegopen was the final entry on the 1965 list of antibiotic drugs. The headline was "This is a new every-day penicillin for common bacterial respiratory infections".

Plainly this was to encourage indiscriminate and routine use of a drug that was approved for use primarily against penicillin resistant staph infections.

The brief summary failed to communicate the real message that it is important to identify the infectious organism and to shift to regular penicillin when the organism is later found to be senistive to penicillin G or V.

The artwork, layout, and design of the ad was to impress the reader with the frequency with which Tegopen can be used, and not to carry the real message which the approval of the drug intended.

Pre-Sate is a new drug for the treatment of an impossible condition to treat—overeating and overweight. It is, we believe, the consensus of medical opinion that there are no true anorexiants, and that dieting is the only answer to obesity.

This attractive ad is an admirable effort to crack this attractive market. While page 6 emphasizes the essential need for concurrent diet control, the total message is that Pre-Sate is a drug of superior efficacy in reducing body weight. Statistical data is offered to prove the superiority of this drug over its established competitors. Animal data are used to support the claim that the mechanism of its action has been established.

But the claims of superiority and that it acts on the human satiety center of the hypothalmus are not scientifically established.

It is generally assumed that the 1962 Amendment did not control "relative efficacy", but ads which make claims of that kind are subject to critical review and proof that the Company's claims of superior effectiveness are well founded.

This ad appeared about the time of the Peritrate seizure. We are pleased to note improvements in later presentations.

Advertising prescription drugs should be a very special operation—wholly unlike advertising the 1967 model automobiles or the tars and nicotine of cigarettes. It should be based on the scientific data that allowed the drug to enter the market—you need look and can look no further than the official brochure for the allowable claims and the required warnings. As tempted as you may be by a new piece of investigative work that may be whispered to you to mount a new campaign to capture an entire market, you must remember that the approved claims are the limits beyond which promotion cannot go.

And in promoting newly developed and approved drugs, claims of greater safety and comparatively greater effectiveness can be made only on proven data—and then only with complete awareness that the limited experience with the drug accumulated during its investigational clinical practice; that clinical experience must be followed very closely and that ad campaigns will have to change as rapidly as clinical experience may require.

Please remember the thoughts that prescription drug advertising can go no further than the scientific support which sustains its approval for marketing; that you have an obligation in developing ad copy to tell the whole truth—good and bad; and that the entire advertising message must be designed around these basic ideas.

If the advertising copy for the "big eight" is typical of what is going on, Madison Avenue's new disease of "Behavioral Drift" is out of hand. Perhaps it can be cured by the placebo of talk, but more likely some stronger medicine will be necessary.