leading in our view that have appeared in the Journal of the American Medical Association.

Senator NELSON. But I don't suppose I could expect you to comment on it, but it would seem to me that the great and distinguished medical profession ought to have the integrity to throw out any ad by any drug company that misleads the doctors. If there is anything a doctor ought to be able to rely upon, it is the official publication of the American Medical Association. I would assume that every doctor would say to himself that this is the distinguished leadership of the medical professions speaking to us, and what we say in their journal is honest, and I think it is an incredible disgrace that the AMA Journal wouldn't lay down a rule that any ad you put in here has got to comply with the FDA regulations. It shocks me, and I am ashamed of the leadership of this great profession respecting this kind of business misleading the doctors.

Please go ahead.

Dr. MCCLEERY. Having given the Merck organization notice of our views of the status of their advertising and promotion of Indocin under the Federal Food, Drug, and Cosmetic Act, the firm did take action to correct its journal advertising.

Notwithstanding, we find in Merck instructional bulletins dated between April 5 and September 27, 1967, continued suggestions for open-ended uses and continued minimization of side effects. The bulletins, addressed to all associates western district, still bear the name of the same individual who apparently issued the bulletins back in 1965. There is nothing we see in the 1967 bulletins that suggest the firm had changed its basic philosophy and methods of promotion of Indocin from those employed in 1965.

Mr. Chairman, we have applied the principles of the advertising and labeling regulations in evaluating the Indocin bulletins apparently issued to Merck detail men in 1965 and 1967. Against these principles, we regard the bulletins as false or misleading in many details.

Other features of the bulletins which appear worthy of mention reflect disquieting attitudes of the firm's employees toward the medical profession and to the patient. Some of the statements in point in the bulletins are:

> * * * it is obvious that "Indocin" will work in that whole host of rheumatic crocks and cruds which every General Practitioner, Internist, and Orthopedic Surgeon sees everyday in his practice.
>
> Tell 'em again, and again, and again.
>
> Tell 'em until they are sold and stay sold!
>
> For these entities ["rheumatic crocks and cruds"] he [the doctor] is presently prescribing steroids, aminopyrine-like butazones, aspirin, or limited analgesics like Darvon and the almost worthless muscle relaxants.
>
> You've told this story now, probably 130 times. The physician, however, has heard it only once. So, go back and tell it again and again and again and again, until it is indelibly impressed in his mind and he starts—and continues—to prescribe "Indocin." Let's go.
>
> Let's stand on our little old two feet this month and sell the benefits of "Indocin."
>
> Take off the kid gloves. If he wants to use aspirin as base line therapy, let him use it. Chances are the patient is already taking aspirin. He has come to the physician because aspirin alone is not affording satisfactory, optimal effects.
>
> Now, every extra bottle of 1000 "Indocin" that you sell is worth an extra $2.80 in incentive payments. Go get it. Pile it in!!!

Mr. Chairman, if you have any questions I will be glad to answer them to the extent possible.