I note that Dr. Annis, the AMA's official representative, conceded that the chloramphenicol-bronchoscope advertisement was a "Madison Avenue Trick." According to the New York Times Dr. Annis said you were calling doctors dolts by suggesting that they would prescribe a drug on the basis of what they had read in an advertisement. It is important to note that *dolts* is Dr. Annis' term and not yours. The same peculiar reversal was true throughout the Kefauver Hearings. The mere suggestion that doctors are indeed influenced by advertising became an accusation that they were incompetent bunglers, dolts, or both.

I am not prepared to characterize the majority of my colleagues as dolts because I do not believe it is true, nor could I support such an accusation. I am willing, however, to state categorically that my colleagues are human and as human the majority of them are influenced by advertising when they write a prescription. Most medical experts and advertising experts who have examined the question agree that advertising takes the form that is most effective. Ultimately advertising—and it does not matter whether it is drug advertising or advertising for any other product—takes a form that is determined both by the rule of the survival of the fittest and a variation of Gresham's law. I have never found evidence that drug companies waste money on profitless gestures. To imply that the multi-millions spent on drug advertising is spent only because an occasional doctor will be influenced into writing a prescription is not only unrealistic; it is totally illogical.

The common practice of distributing desk accessories (calendars, letter openers, appointment books, etc.) boldly imprinted with the name of one or more drugs is not motivated by the company's wish to waste money on useless gimmicks and gadgets. The mere fact that one of these accessories is on his desk influences the prescription the doctor writes even if the stimulus is sub-liminal.

The notion that doctors study drug advertisements is absurd, and so I question the effectiveness of the "full disclosure" regulation. One "reads" advertisements by turning pages and Exhibits #1, #2, and #3 are examples of my total work of art description. If exhibits #2 and #3 are examples of "balance" then I have no notion of the definition of the word balance. The total effect of the imbalance in these ads is to negate completely any effect that full disclosure might have.

Accepting the Task Force's penchant for understatement I still find it difficult to understand why, on one hand, the Task Force feels that rational prescribing cannot be achieved by rules and regulations, but seems to feel that good drug advertising can be achieved by these methods. It says, "The frequency of biased, inaccurate drug advertising has apparently been reduced since the enforcement of new advertising regulations by the FDA began in 1967."

I find the concept of unbiased advertising untenable since it is a contradiction. The concept of degrees of bias in drug advertising holds, for me, the same connotation as the standard joke about being "slightly pregnant." If Exhibits #2 and #3 are examples of the improvement in drug advertising, may heaven help us! The notion that "training and experience" imbue the physician with God-like qualities that make him immune to the effects of advertising is nonsense. Such a concept betrays a remarkable ignorance of the fact that (contrary to the average patient's belief) the physician is neither omniscient nor omnipotent. It also betrays an incredible ignorance of the psychology of advertising. Just as advertising affects the personal purchases a doctor makes, it also influence the purchase orders he writes for his patients.

It was the AMA that said that drug advertisements are "reminders." Reminders of what?

Question. We have seen, with respect to chloramphenicol, important differences in the advertising and promotion of identical products by the same company in the domestic and foreign markets. In other words, the efficacy and safety of the drug seems to vary with the person's nationality.

(a) Do you know of any other products to which this applies?

(b) What do you think about it?

(c) When you were in the industry, who reviewed overseas advertising?

(d) What criteria were used for domestic and overseas advertising?

Answer. About four years ago I attended a professional meeting in Mexico. Because I was still entertaining the notion that I would write a book about the drug industry I decided to gather some ammunition. Marsalid had been taken off the U.S. market some two years before because its danger outweighted its utility. Accompanied by an interpreter I went to a drug store and after some difficulty in giving Marsalid the proper Spanish inflection I was offered a bottle of the drug over the counter (a common practice in Mexico). Until about