Exhibit G

Reprinted From The Journal of The American Medical Association
May 20, 1968, Vol. 204, pp. 702-710B

Council on Drugs

A new publication of the Council on Drugs will provide authoritative, unbiased information on drugs in a new format designed to meet the everyday needs of the practicing physician. The Council herewith presents a sample chapter of the new book, and invites physicians to comment on the book's usefulness by completing the questionnaire following p 710.

AMA Drug Evaluations

A New Book on Drugs

The American Medical Association's Council on Drugs announces a new publication on drugs designed to provide an improved service to the medical profession. From its inception in 1905, the Council on Drugs (originally called the Council on Pharmacy and Chemistry) has encouraged rational therapy by providing authoritative and unbiased information on drugs. Throughout its long history, the Council has modified its drug evaluation programs in accordance with new developments in the drug field, and it has continued to alter the concepts and format of its publications to reflect the changing needs of the physician. Its earlier evaluation program had been limited to those drugs considered to have well-established clinical usefulness, but in 1955 this program was expanded to consider all commercially available, newer single-entity drugs. The older books published by the Council—*New and Nonofficial Remedies*, *New and Nonofficial Drugs*, and, more recently, *New Drugs*—are now being replaced by *AMA Drug Evaluations (ADE)*, a comprehensive reference book that will include information on both old and new single-entity drugs and mixtures. The book is being prepared through a joint effort of the Council, the staff of the AMA Department of Drugs, drug evaluators outside the Department working part-time, and many voluntary expert consultants; as with *New Drugs*, the cooperation of much of the pharmaceutical industry will continue to be sought for the furnishing of data relevant to some parts of *ADE*.

The design calls for continuing the practice of having in each chapter an introductory statement that discusses the overall therapeutic category, followed by brief descriptions and evaluations of all drugs in the class, old or new, if they fall within a very broad priority list. The more detailed monographs on newer agents will be included as an appendix, which will represent a continuation of *New Drugs*.

The priority list of drugs, including mixtures, that will have individual evaluations includes virtually all therapeutic agents in official compendia, *USP* and *NF;* the drugs most commonly prescribed or used by physicians in the United States; and, as in *New Drugs*, all single-entity preparations introduced during the past ten years. In addition, other selected drugs will be evaluated if they are judged to be of particular importance because of such qualities as notable value, unusual toxicity, notoriety, or need for notoriety. Many nonpriority drugs that are not individually evaluated will be listed in the book if they are distributed nationally; these will be listed and indexed to give information on their therapeutic category and availability. To make the information readily accessible, *ADE* will be extensively indexed; comprehensive indexes on drug names (nonproprietary and trademarks), pharmacologic actions, therapeutic uses, and important adverse reactions are planned.

The evaluations of the older drugs and mixtures will often contain fewer details than the monographs on newer, single-entity drugs. Nevertheless, an effort will be made whenever possible to give comparative statements on relative effectiveness and relative safety and to inform of notable hazards and necessary precautions in the use of the drugs. The inclusion of a particular drug in the book will not imply endorsement by the Council; an evaluation may be favorable toward a drug, unfavorable, or a combination of both, depending on the merits. Whenever the facts clearly warrant, a drug will be described as an agent of first choice, reserve choice, or last resort.

The evaluative or interpretive information in the book, particularly on controversial matters, must necessarily disagree with the opinions of some other sources. Statements will be based on the convergent trend of the best information available from such sources as scientific literature, unpublished data, and advice of consultants. Reportorial information will be selective and condensed to represent what the Council regards as the most useful to the physician in his selection and use of the drugs. Accordingly, such information as rare, relatively minor, or unconfirmed reactions, precautions that relate to clearly obvious or highly remote situations, and unusual or speculative uses of a drug

Reprint requests to Secretary, Council on Drugs, American Medical Association, 535 N Dearborn St, Chicago 60610.