the Committee which advised us said: The physician "can do this wisely only when there is presented to him dispassionate scientific knowledge of the available data."

We leave with you the question whether these two ads present the physician with "dispassionate scientific knowledge".

Indocin has been marketed for slightly more than one year. Like most new drugs offered to replace established products, this one was offered as safer and more effective. As new experience with the drug has been gained, more side-effects have been noted and more warning information has been required. Only a few days ago, the sponsor mailed a new revised brochure to the profession, with new cautionary information in heavy print. Yet the current ad continues the headline "extends the margin of safety in long term management of arthritic disorders".

There is not yet enough experience to support the claim for greater long-term safety. To the contrary, the longer the drug is used the more side-effect information appears.

This ad quotes authoritative sources, without the full impact of the actual articles. And it uses one reference which is from a 2-inch abstract, apparently of a 1964 speech. This latter reference is used to support a claim for "ankylosing spondylitis", but the ad does not inform the reader that this same abstract also states "Excellent results have also been obtained in some cases of rheumatoid arthritis . . . there have been striking failures as well."

The claim for gout is not supported by the package insert or by the scientific data.

And, finally, the "Brief Summary" omits some very important warning information that is required in the package insert—and thus in the ad.

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 pencillin"; 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 feaure 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 were 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 sensitive 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.