

Also, inflammation, or injury, say to the skin, need not always come from an accident; the act of surgical incision is considered of equal injury. This is pointed out because the ad stresses that surgical, or post-operative, patients recover faster if the promoted drug is administered.

A physician, reading this ad and accepting it at face value, would be justified in prescribing this drug in the firm belief that his patients would recover much, much faster after surgery or after virtually any form to injury, or if suffering from edema not necessarily related to injury. In the best interests of his patient, he would certainly be tempted to utilize this product for his patient's benefit and, in fact, might even be considered negligent for delaying his patient's progress by failure to prescribe the drug.

But now let us look at this ad more closely. The first definitive implication within the ad's "copy" is that it reports on *three* different studies or evaluations of the product. This is indicated by the three separate "references" near the end of the ad's reading matter. Such references are an extremely important part of most ads for drugs (the exception being ads that are only intended to remind physicians of the *name* of a previously advertised drug; a way of repeating the fact that the product exists and its purpose). These references allegedly tell the doctor that the product has been tested and obviously found superior (or why advertise). They also intend to indicate the extent of the testing and ostensibly the efficacy and safety of the product. In other words, the references in an ad lend authenticity and professional backing to the product supposedly by impartial clinicians (clinicians meaning doctors who work directly with patients—either their own or in clinics, as opposed to academicians and theoreticians).

Note that the second and third references are papers by the same author. In the second paragraph of this ad (the fifth line) there are the words: "In another study . . ." which alludes to number 3 in the references. In actual fact, these words are untrue. The "another" study is nothing more than a continuation of the same study numbered 2 in the reference list. The author of the study himself calls his first 24 patients (cited in the ad as reference 2) a "progress report" leading specifically to reference 3. Thus, the two seemingly separate studies, so indicated by the ad and implying greater (diversified) testing of the drug than was actually performed, are in reality one and the same study by the same man.

Now let us look at the specific study referred to in the ad, as actually reported by the doctor in his published article. The ad, in the second paragraph, makes the point that the treatment period of "inflammation following surgical procedures" was much shorter for patients who received Ananase. The ad does *not* say that the same article reports, with equal emphasis, that only 29.2 of these patients who allegedly healed faster had an "excellent" or even "good" response—as compared to the average response. This measure of the *quality* of the response to the drug, following surgery, was the poorest result obtained in this doctor's study. It is not therapeutically significant when less than one of three patients who take a drug show no better results than if the drug were not taken at all.

That this drug company was well aware that a doctor would look for some indication of the quality of response to the drug, can be proved by the fact that the third reference, or later report on the same study, calls attention to the quality of results. Evidently to nullify the lack of quality that did not accompany the claimed shortened time for healing, in the second reference, the advertiser takes data from the third reference to show that 27 out of 46 patients (still only a bit more than half) were judged to have "superior" results. Of even greater interest, is that in this third reference, which is used for quality claims, the doctor reports that far *less* than half the cases of inflammation from contusions, abrasions, abscesses and perforating wounds—a form of surgical wound, achieved so-called "superior" results. This observation was *not* mentioned in the ad. The question arises, why did the drug company not use the corresponding figures from the *same* report in the ad?

Obviously the ad is intended to promote the time factor in healing. Why, then, does the ad not tell that the doctor who made the study used to support the company's claims also stated unequivocally that when he measured the number of days it took to heal "soft tissue trauma," another term for inflammation, the time for healing for those who took the advertised drug was identical—*not faster*—to the number of days it took similar patients to heal who did not take the drug. Thus the drug did not accelerate the healing process here but this fact is ignored in the ad.