

Also missing from this ad is the type of surgery performed (the technique used), the part of the body operated upon, the type of post-operative dressing or bandage used and many other factors that any surgeon will tell you without which it would be worthless to try and evaluate the effect of any particular drug on healing.

If all appropriate information about this drug is to be offered to the physician, it then becomes of interest to know why the company did not cite a very late reference (in the medical journal *Angiology* for January, 1969) of another study of their drug. In this study, where Ananase was tested against a placebo, not one of the symptoms of inflammation showed any significant statistical difference, or improvement, whether treated by the drug or by the fake, inactive, substitute. As a matter of fact, when the patients in this latest study were evaluated by doctors who did not know whether the patient was receiving Ananase or not, the evaluating doctors felt that over 70% of those who took the placebo had improved over what they normally would have expected. Should a doctor, reading this ad for possible use on his own patient, be told this information before he decides to employ the drug? Of course he should.

Believe me, gentlemen, this ad is not unusual. In fact, in order to emphasize my point that advertisers only use information they want to, and exclude all pertinent data, let me show you a different ad for the same product. (Exhibit B) This ad stresses "a superior therapeutic response with Ananase in 4 out of 5 cases—of hematoma." The reference to back up this claim was used in the previous ad (Exhibit A). In this ad, however, the other reference in the previous ad (the one that reports on the entire study by the same man) is omitted! A look at the results obtained in that reference (which was good enough to use in a different ad) will easily show why it was forgotten. In the omitted reference the same doctor stated that out of 59 cases of hematoma (a swollen black and blue result of injury) and contusions (bruises), only 28, or less than half, obtained "superior" results when they were given the drug. 31 patients received the drug but the results were no better than would have been expected had the drug not been used. This is certainly not a "superior" response in 4 out of 5 cases, as the ad claims.

Finally, if a doctor wants a complete picture of the drug, Ananase, he might read *The Medical Letter*, a private publication on drugs without advertising support. Volume 4, page 60, of *The Medical Letter* contains a report on the use of Ananase, the specific enzyme in the advertisement under consideration. The editorial board, and its professionally respected consultants state, without equivocation, they "find no satisfactory evidence of the effectiveness of Ananase." What is important about the published findings as they appear in *The Medical Letter* as opposed to the claims in the ad is that both cannot be right. And this is not merely a quaint controversy where two opposing parties offer divergent opinions with no real consequences dependent on who is right. It is of great importance to the patient who may well pay a great deal of money (either directly or through some government or private agency) for something that does not work. What is even worse, use of this drug could delay proper healing by depending on something ineffective or it could cause a severe sensitivity drug reaction that subsequently would cost the patient a great deal more money and anguish than did the original illness.

Now it must be admitted that this ad saw print in spite of the regulation on drug advertising that exist. This brings me back to the matter of editorial control over advertisements in scientific medical journals. If conditions that governed the AMA 15 years ago were still in effect, this type of ad would never have appeared in an AMA publication. It was just about 15 years ago that the AMA abolished its council approval for products to be advertised in AMA media. In 1953, just preceding the removal of council control over advertised products, the AMA sponsored a survey made by Ben Gaffin & Associates to specifically determine why advertising revenue was falling. The result of the Gaffin study was quite blunt in showing that the major cause of why the AMA received less and less money from advertising was because of the meticulous scrutiny given to any product to be promoted in an AMA publication. Drug manufacturers resented not being able to say anything they wanted to about their product in AMA publications so they simply took their advertising dollars elsewhere where their claims were not questioned.

Although it is circumstantial, to be sure, the AMA initiated a study to find out why they were taking in less and less money through advertising. The study revealed that the strictness of the AMA Council on Drugs—the council wanted