proof of an advertiser's claims—was the reason. There followed, close upon the results of the survey being made known, the sudden demise of virtually all AMA "screening" of drugs. And then AMA advertising revenue began to climb again.

While on the editorial staff of *JAMA*, I noted many discrepancies in the ads published within *JAMA's* pages. I brought these to the attention of the editor and each time I was referred to the "advertising review committee," which was not part of the editorial department of *JAMA*. In reality, the "advertising review committee" (and this was after the abolishment of council review for all AMA advertised products) was nothing more than one woman, medically untrained, who glanced at the ads, and seemingly did nothing more than admire them for overall appearance. Not once was any overtly misleading statement in an ad corrected. I can say, therefore, that although the AMA claimed to have "advertising principles," such principles never really existed in fact.

I remember quite distinctly pointing out specific discrepancies in certain medical ads such as the use of alleged references to support a product, even though the "cited" reference did not exist or was one reference that was duplicated and even triplicated to appear to be separate and distinctive supportive studies. In far too many instances, when tracked down, all the alleged references turned out to be one small study supported and paid for by the company advertising the product. There were instances where a reference was cited as if in absolute scientific support for the drug advertised, yet if that reference was researched it turned out to be nothing more than a general discussion of the overall chemically related group of drugs, of which the advertised product might be considered a part. Some references merely turned out to be a one word mention of the generic name of the product being advertised, and it is interesting to note that the same drug company that denounced the use of generic products did not hesitate to refer to that generic product in support of its ad.

In other words, the reference cited in ads which were intended to indicate general clinical testing, acceptance and success of a drug—in order to influence the potential prescription for that drug—were not at all what they implied. And unless the doctor-user of the drug traced down the multitude of references, he naturally assumed widespread support for the advertised product.

As a result of my own studies and investigations, I wrote an editorial for *JAMA* (writing editorials was a major responsibility of mine while on the *JAMA* editorial staff) pointing out some of the things I felt were misleading to physician readers. I can, if you desire, read the editorial, but I have attached it as an exhibit (Exhibit C). The editorial was eventually published in THE NEW PHYSICIAN, the official journal of The Student American Medical Association (SAMA), of which I became editor.

Needless to say, the AMA never allowed publication of that editorial. It was specifically vetoed by the present Executive Vice-President of the AMA, who at the time I wrote the editorial, was the man who approved all such editorials before publication. Rather than try and quote his words to me, at that time, I would prefer to quote his printed words, since they say essentially the same thing. In Volume 13, page 10, of the BULLETIN OF THE AMERICAN WRITERS' ASSOCIATION, Dr. Ernest B. Howard, now administrative chief of the AMA, was asked if advertising should be eliminated as a source of drug informataion. Dr. Howard answered: "No. Advertising is the medical journal's principal source of revenue, and I hope it will continue for many years to come."

I cannot help but feel that such an atttiude on the part of the administrative side of the AMA best illustrates another pertinent finding of the Gaffin study on medical journal advertising made for the AMA; that is, the relationship between the editorial department of *JAMA* and the administrative department of the AMA proper. As the Gaffin study revealed: "It is obvious that there necessarily exists a basic conflict of interests between the business office, whose primary purpose is increasing advertising revenue and the editorial office, whose primary purpose is in turning out as professional a publication as possible. Often, what will increase advertising revenue will decrease professional standing."

And that, Mr. Chairman, is what, in my opinion is essentailly wrong with drug advertising today. The professional standards of medical publications have suffered at the expense of bringing in advertising revenue. Frankly, as an AMA member, I also take issue with the concept that the primary purpose of the business office of my association should be to increase advertising revenue, and I feel safe in saying that I am not alone in this attitude. The primary purpose of the AMA, to me, is to represent medicine from a scientific point-of-view and to