This brings me to the matter of reading a complete advertisement, without consideration of searching out and reading the supportive references. Do you know how long it takes the average physician—with his knowledge of medicine—to read this particular ad, and to read it for meaning? I asked five different physicians to read the ad so they felt they understood it. The average time was 4 minutes. This may not seem like much in itself, but if you multiply just the ads in the *one* journal where this came from, you would require that average doctor to spend over 6¼ hours on the advertisements alone. And this would not even include a glance at the editorial material—the doctor really should read; nor does this 6½ hour reading time include advertising pages for items other than drugs which make up another 105 pages for another 7 hours. And this is only one of the minimum of ten medical journals that arrive on the doctor's desk each and every week.

I make this point because I want to stress that even if an ad does contain an abundance of information, it cannot be assumed that the physician can or will read much more than the promotion-styled headlines. As a further extension of the reading experiment, I found it took me just about 24 hours of reading time to get through this one issue of *JAMA*. Now add on the time it took me to track down the reference to these ads (with great help of the Los Angeles County Medical Association Library). I can fairly estimate the search took another hour and the reading another three hours.

And as an incidental note, of the five doctors who read the Mandelamine ad for me, for timing purposes, not a single one could immediately, or correctly, name a "ureasplitting bacteria" as so importantly specified in the ad. Thus it is easy to see that a careful follow-up to this ad would require a great deal of reading before the drug could properly be used. But if the reader accepts all the claims, and directions, at face value thinking it absolutely accurate, he could fail to treat his patient successfully. And this is where the editorial board of the medical journal that published the ad comes to the fore.

If the editorial board of *JAMA*, through its experts and consultants who have access not only to the complete references used in an ad, but also to references not used by the drug company, took the trouble to review the claims of the ad, and clarified any discrepancies before publication, the physician-reader could actually practice better medicine. More so, if the editorial board saw to it that the most important adverse or relevant facts about the drug were given the same eye-catching attention as are the alleged indications for the drug, I do believe the incidence of drug failure as well as drug danger would decrease markedly. What is more, I believe that simple overuse of drugs, without any scientific reason for the use, would diminish allowing not only a great saving in the costs of drugs to patients but a great saving in life.

At one time, when the AMA did carefully screen its ads, even the Gaffin report reported that AMA council approval of an ad "relieves the physician of much of the personal responsibility which he assumes when it is absent." But, and this is a big but, if the leading medical publication in this country refuses to adhere to strict standards in advertising you cannot expect any other publication, nor any other form of medical advertising for that matter, to adhere to any standards. And I think it is plainly obvious that the AMA has all too willingly succumbed to virtually no standards when it comes to the advertising it accepts. And since it was the AMA that initiated and paid for an expensive survey for the primary purpose of increasing advertising revenue, there seems little doubt that revenue has taken precedence over professionalism.

Let us look at another ad from the same issue of *JAMA* (Exhibit E). Quite obviously this ad is for Serc a chemical that allegedly "helps control the frequency of episodes in those patients with a high level of recurring attacks (of) vertigo of Meniere's disease." One year ago this month, the Food and Drug Administration announced it was taking action to stop the sale of this specific product. Just two months ago there were many emphatic public pronouncements about the FDA's move to withdraw approval for Serc. This information was also given attention in various medical publications that reach physicians. Yet in the May 26, 1969 issue of *JAMA*, there is an ad for Serc. The ad obviously implies the drug is effective and cannot help but nullify the FDA's recommendations. This ad could easily have been cancelled (there was ample time after the most recent FDA announcement) if the *JAMA* editorial board had any consideration for its readers. The real issue, however, is whether a journal with the ostensible status of *JAMA* should even carry an ad for a drug under question. Only a stronger desire for revenue as opposed to pro-