Many ways were considered to raise the paid circulation of all AMA publications—with primary purpose again to bring in to the AMA additional advertising revenue. The drug companies were quite frank in telling the AMA that they could not see advertising in a medical journal that had no real paid circulation. And here it must be noted that the lack of paid circulation was a definite index of the lack of interest by physicians for, at that time, *JAMA* came to them without actual subscriptions; it was part of the dues structure. So now that the advertisers had advertising restrictions removed, they now wanted to know that other AMA publications had wider distribution.

What did the AMA do? They followed the *Today's Health* "gimmick" and literally forced another free copy of one of its other publications on every member. As a result, *The Archives of Internal Medicine* circulation increased ten fold, when, in fact, the increase was really the result of giving it away. The same was true for other AMA scientific publications. And, when advertisers felt the magazines were going into the hands of so many more readers, they, in turn, increased their advertising in more AMA publications. The result: even greater advertising revenue for the AMA.

It must be noted that AMA members were never offered the alternative of rejecting the free copies forced upon them, thereby reducing their dues (e.g., $12 a year for one of the Archives; $12 a year for the *two* copies of *Today's Health;* and $10 a year for the *AMA News,* which literally duplicates information sent out by free publications to all physicians). Were this choice alone allowed, the dues of every AMA member could be cut in half. Instead, the AMA continues to raise its dues and force its publications on its membership.

I am sure you are all aware that, for most doctors, membership in the AMA is compulsory, not voluntary, so the mailing of these publications as part of membership insures a relatively large circulation with its attendant large advertising revenue. To be sure, the AMA will tell you *they* have nothing to do with the fact AMA membership is compulsory, but the fact remains that a simple directive from the AMA prohibiting this practice would stop it immediately. This has never been done for it has been fairly estimated that if AMA membership were not so fixed that it is literally required to practice medicine, more than half the present membership would resign. The same AMA that fights so hard for so-called "free choice" of a physician has never allowed the physician to make a "free choice" in regard to his membership.

How does compulsory membership work? In all too many areas, a physician cannot obtain a hospital staff appointment (the right to treat his own patients in the local hospital) unless he is a member of his County Medical Society. The County Medical Society requires that membership must include membership in the State association. The State Association then requires that membership *must* include membership in the AMA. So, to take care of his patient in a hospital, the doctor must be a member of the AMA. He is not given the option of joining only those associations he would choose; he has no choice. Thus a great many doctors, with nothing to say about it, indirectly contribute to the false circulation figures of the AMA's publications, and, consequently contribute to increased AMA revenues and thus to what seems to be deliberate carelessness in advertising standards.

And if the AMA will not set the highest standards for medical advertising, you cannot expect any other medical publication to follow suit—especially where such standards could interfere with obtaining the advertising dollar. Naturally, if the AMA continues to refuse to take the lead in setting advertising standards that have meaning to the practicing physician, then the only recourse is legislative action to achieve the same result. That standards are absolutely necessary, there can be no question. The very fact that just one misleading advertising exists that could eventually cause harm to a patient is sufficient justification.

What could AMA standardization mean? If it were known that the AMA did not allow an ad in its pages unless that ad met all professional requirements (this does not limit ads; it merely means that equal eye-catching attention is given to all the important aspects of a drug), the doctor would know that a product advertised in an AMA publication had been reviewed with his (the doctor's and the patient's) benefit in mind as opposed to the revenue for the AMA being of primary concern. An AMA ad should mean that the claims can be justified. In contrast, an ad in some other medical publication that was not found in AMA pages would clearly indicate to the doctor that the ad had not been screened by AMA physicians and was, therefore, not to be accepted at face