value. It is my contention that if this fact were known among the medical profession, other pubications would soon follow the AMA's lead, and what is more important, drug companies would be much more careful about what they say in their ads.

What I hope I am really stressing is that the AMA should return primarily to scientific activities and that the business end of AMA should end its rule of the professional end. I frankly do not see how the present AMA administration can deny that there is a most unwholesome relationship between it and the drug manufacturers; the AMA today virtually exists more for the benefit of pharmaceutical companies than it does for its membership. As an interesting sidelight here, several years ago the total membership of the AMA (in spite of compulsory tactics) decreased. Rather than let that fact become public, the AMA then gave away, without even asking, free membership to physicians in Government service military, public health, etc.). This, in turn, raised the total number of members so as to give the impression that AMA membership was on the increase. Of course, such an action also raised the circulation of its publications—again appealing to potential advertisers.

Naturally, the question comes up, what if drug companies again refuse to advertise in AMA publications because of scientific and ethical scrutiny—as they did two decades ago? Two answers appear. First, can you imagine the attitude of physicians across the country if they knew that an ad in an AMA publication relieved them of a certain amount of legal responsibility, while an ad in some other publication left them a bit more open to question? It is quite possible that advertisers would recognize this aspect of liability and be more apt to conform to standards. But, second, does the AMA really exist to make money from drug ads? Is not the proper role of the AMA, an organization ostensibly to protect the patient's health and welfare, to disseminate scientific information to its membership? In a real sense, why should the doctors of this country prostitute themselves in order to bring their professional association money to use in nonprofessional (e.g., political) activities?

I feel I must stress the fact that there is no medical advertisement so urgent that it cannot be put off until the claims are verified and that all aspects of a clinical study are reviewed to balance the claims and put them in proper perspective. The FDA was charged to do this for the past 5 years, yet there are many, many misleading ads in medical publications every day. When the AMA allows such ads in its publications it becomes a panderer of drugs rather than a scientific evaluator. And here I must stress again, at the risk of repeating myself, that too many doctors believe that if an ad is in an AMA publication it has been properly screened. I think I have shown this to be false. Furthermore, the very fact an ad does appear in an AMA publication has tended to make doctors believe that the company whose ad is in *JAMA* must be all right. That, too, just is not so. The AMA has actually pushed the idea that an ad in one of its publications implies "official" acceptance; at the same time the AMA has done nothing to earn that reputation. You know, if nothing else comes out of these hearings other than the fact that you have made physicians aware that, at present, they must read every ad for a drug with innate bias, you will have performed an extremely valuable service for the people of this country. In a sense, you may have achieved more than any legislation could accomplish.

Thus far, my testimony has hopefully given you evidence that although drug manufacturers obviously mislead physicians as a form of "puffing," (either by not telling the whole truth or by not stressing the dangers of their products), the real culprit behind the *dissemination* of this misleading information is the medical journal that publishes the ad. As I said, it is virtually impossible to control the detail man. At a recent medical meeting (California Medical Association) the detail man for a drug company told me: "Although the FRA requires us to say, in ads, that the dosage of our drug is 1 capsule four times a day, (and the written ad even goes so far as to say: 'the recommended dosage must remain unchanged.' we can tell you that two capsules twice a day works just as well. It would be too much trouble to petition the FDA for permission to change our ads." Could there be any better indication that even existing laws cannot do the job?

Before I conclude my testimony, I would like to say a few general words about the education of doctors about drugs. It is my opinion that many doctors do not know as much about the drugs they use as they should. As evidence for this statement. I would like to refer to the May, 1969 (*10*:209) issue of THE BULLETIN OF THE AMERICAN COLLEGE OF PHYSICIANS, probably the most