systematic method for prospecting and contacting clients. And thirdly, developing good presentation materials, and training representatives in the proper use of these materials.

6. Standardize Council procedures insofar as possible

The subject of Council rulings is a difficult one for many of the advertisers. If the objectives of the Councils could be re-evaluated and logically justified in the light of current conditions, and if standardized procedures could be worked out so that manufacturers could know what to expect from the Councils in advance, much of the present apathy and ill-feeling toward Council Acceptance could probably be eliminated.

The manufacturer frequently has a large investment tied up in a new product. He feels that the Councils do not understand nor appreciate his problems and his need for prompt action. He also feels that the slowness in publishing the notice of acceptance in the Journal is a result of the AMA's lack of understanding and interest in his problem.

7. Review the Council stand on trade names and mixtures

The chief and almost universal criticism of the Council is on its stand on the use of trade names in advertising, and on compounds and mixtures. Even the companies most favorably disposed toward the AMA feel that on these two points the AMA is often arbitrary and unrealistic.

This feeling is intensified by the admission into JAMA of general products which are not subject to similar restrictions.

If changes in circumstances since the adoption of these two rules are such as to enable the AMA to reconsider and modify them on a professional basis, considerable additional advertising revenue would accrue to the AMA with little or no additional effort.

8. Sell Council acceptance to the physician

The advertisers place little value on the Council Seal for the ordinary product because they feel that the average physician does not understand it, and does not usually value it.

The AMA could improve its position both with its members and with the advertisers by setting up a definite program to educate the physician on the meaning and value of the Council Seal.

As part of this program, it might be worthwhile to include as one of the privileges of membership in the AMA a free copy of the "New and Non-Official Remedies".

9. Publish an index of advertisers

Include in a prominent spot in the AMA publications an "Index of Advertisers", and differentiate in it between Council Accepted and non-Council advertisements. Indicate there, for the physician, a brief outline of what standards the accepted products have met.

Include along with the Index of Advertisers a "reader request for information" check-list. This would tend to eliminate the measurability-by-coupon-return advantage which direct mail and detailing possess in the eyes of a great many of the advertisers. It would also help physicians to get more direct information on new product developments from reading JAMA advertisements.

10. Review policies on inserts

Much of the criticism of the Pfizer insert in JAMA might be eliminated by more clearly labeling the editorial matter as an advertisement. Many of the advertisers who resent the Pfizer insert state that they feel that in the editorial matter, the company has usurped the editorial funcion of the AMA. Unmistakable labelling of it as advertising might help to eliminate some of the criticism

The AMA would also improve its advertiser relations if it would clearly define its policy on inserts, and make this information available to all the advertisers through a release. This would do much to eliminate the feeling (unwarranted though it may be) that the AMA plays favorites with certain advertisers.

11. Make AMA publications as attractive as possible to the readers

The more physicians read the AMA publications, and the more they value them, the greater will be the value which the advertisers attach to them.