A small drug manufacturer had something slightly different to say:

"JAMA is used for prestige purposes. It gets about half of our ad budget. We use other journals and throw-aways for the same purpose for which we use direct mail—for product selling. The non-JAMA media combined get the other half of our budget."

The advertising head of one of the top drug firms had this to say:

"Actually, we would never advertise a good product in only one journal. We want to get better coverage. We know every doctor doesn't read every ad. Therefore, with multi-journal coverage, we know we improve our chances of contact with any one doctor."

The three following statements represent the opinions of those who are most favorable to JAMA. Here is what a medical advertising agency head said:

"JAMA is by far a better publication than the throw-aways. We advertise in the throw-aways because we find it difficult to get some products Council Accepted. We use throw-aways for Council Accepted products only for the additional coverage we get. That is the only reason."

A small catalog-pharmaceutical manufacturer said:

"JAMA is the best medium. There is no question at all in our minds about it. It is the most widely read of the journals, if journals are read at all. I am not too familiar with distribution figures, but I know that when a doctor is busy, he will flip through JAMA whereas he may not in other journals he gets. I base this on my own experience."

Another manufacturer of drugs stated:

"JAMA is best for new, highly experimental or toxic drugs. We use other journals mostly for non-Council Accepted drugs, and direct mail for all-out product pushing. This year we are experimenting, giving Modern Medicine and JAMA each 45 percent of our ad budget and 10 percent to other journals."

This ethical drug manufacturer favored JAMA for GP's, other medical society publications for specialty products:

"Journals that are the official journals of the various medical societies (for example, the American College of Surgeons) have greater standing than the AMA special journals, but JAMA is the most effective for GP's."

Some advertisers decide how their budget will be spent by the worthiness of the cause which expenditures will help support. For example, this ethical drug manufacturer:

"Our primary objective in journal advertising is circulation. But we also advertise in every state medical journal, most of which have small circulation, on the theory that our success depends on the good will of the doctors and that we owe them support in their work. We feel that it is our duty to contribute to the support of the state journals. In the same way, we contribute directly to the revenue of the AMA special journals by buying space in them, and indirectly by buying space in JAMA, whose profits help support the special journals."

Less philanthropic, at least toward JAMA, are these two ethical drug manufacturers:

"We do not advertise in JAMA as a contribution toward anything. We take a hard, cold look and consider what we can get out of it. If our money could be spent better somewhere else, we would pull out of JAMA without any compunction."

"We feel a certain obligation to help support some organizations, such as state medical groups and state pharmaceutical groups. About the AMA, we approach it more strictly as a business proposition."

Most of the advertisers feel that JAMA is particularly good for certain purposes, and that others are better for other purposes. For example, this large ethical drug manufacturer:

"We select media on the basis of purpose. JAMA is best for new and Council Accepted drugs, but other journals are better for intensive selling when coupled with detailing and direct mail. Personally, we like JAMA best because it is highly thought of, and has the best coverage both across the board and in several specialties."

An eastern medical ad agency head views the situation somewhat differently:

"We use JAMA for intensive promotional work in the first phase of sales campaigns whenever the product has the Seal. Other journals take it from there and we tie detailing in with the ad campaign. JAMA gets about 20%, other journals about 80% of our ad budget. With non-Council Accepted drugs, we advertise heaviest in the throw-aways."