Typical of this type of comment is the one made by a medical advertising agency head:

"Do a better printing job. Reproductions are poor, stock is terrible. Format and layout are okay. I personally don't care whether or not the ads and the editorial matter are mixed."

An industrial chemical manufacturer commented:

"Look at such magazines as *GP* and *Post-Graduate Medicine*. They have good design, layout, paper, etc. JAMA can learn something from them."

A number of the comments on production changes were tied in with suggestions for overall modernization of the appearance and editorial presentation of JAMA. An example is the following, offered by a large ethical drug manufacturer who was fundamentally very favorable to the AMA:

"In my opinion, the whole make-up of the Journal is archaic. The British journals do a much better job—far superior—in spite of the limitations of good paper.

"We also carry a little space in *Today's Health*. Really, as a magazine, it is amateurish as hell.

"I don't think Austin Smith should feel that changes have to be made very slowly and gradually. Look at the *British Medical Journal*. That used to be terrible. Then they had Eric Gill redesign it and they changed it overnight.

"The AMA production equipment is definitely archaic. What they call a "bleed" is laughable."

A small drug manufacturer put more emphasis on the original articles:

"Typography and format should be cleaned up; articles should be shorter, summaries better. Long articles should be condensed; material should be updated. It is much too far behind.

"But most important, the articles are of little interest to the GP. There is considerably too much specialization.

"Reproduction should be better. There is too much show-through and offset. More care should be used in editing the magazine, and an advertising department section should be established that would work with the advertisers and help them with their problems."

A surgical instrument manufacturer was quite drastic in his suggestions:

"The format is lousy, they should redesign the book, they should intersperse editorial matter with ads, they should use better heads, and redesign the whole layout. They should run articles of more general interest, and they should not publish it as often as they do. The average doctor can't possibly read all of it regularly—it comes out too often and has too much in it. They should condense the technical reports like *Modern Medicine* and *Medical Economies* do. The articles should be no longer than one page. The summaries should be at the head, not at the end of the article. There should be more cuts and more color, and they should use a smaller format. They should sectionalize the book and let the advertisers go in the particular section which they want to hit. The editorial board should abstract each section and run a summary at the beginning of it. They should also cut the time okays for copy."

(b) *Editorial changes.*—The three main suggestions for editorial changes were concerned with presenting the material in the Journal in a more interesting manner; giving more attention and more space to material which is interesting to the average doctor, and giving less attention and space to unusual cases which are of interest only to a comparatively few specialists; and cutting down on the time-lag between the writing of an article and its appearance in the Journal.

These two comments, both from large ethical drug manufacturers, were typical of the comments regarding the "uninterestingness" of the editorial matter:

"My strongest objection is to the editorial matter, which is fundamentally uninteresting. JAMA would be very smart if it would model itself on the *Lancet* and the *British Medical Journal*. But this is probably impossible. It would involve the re-education of American doctors. They just can't write or express themselves in the way that British doctors can. I have no real quarrel with the subject matter. But as it is now written, JAMA is just hard to read."

"The atmosphere of JAMA is boringly pontifical. Medical writing needn't be dull continuously. I think there are make-up devices that could make JAMA more interesting to the physician. It, like the AMA, puts a high premium on orthodoxy—to hold out against change to the last ditch."

The fairly numerous suggestions that JAMA concentrate on serving the mass GP physician rather than the minority specialist are represented by the three