following comments, the first two of which were made by drug manufacturers, the last by a medical advertising agency head:

"Editorially, there should be more articles of interest to the GP. Most of the articles are over the heads of the GP's, and the specialists usually get their information from other journals. The abstracting could be improved. It is not complete enough in this respect."

"Material in JAMA is too technical for the MD of general work. JAMA is the best medical journal in the world, but it belongs in libraries, since it is only read for specific articles by MD's."

"Ultra-scientific articles should be cut down and more articles of interest to the GP should be run. There should be more review articles and better abstracts. The ad should come off the cover. *GP* and *Post-Graduate Medicine* are both much better looking books. *Modern Medicine* has much better abstracts. Either kill Tonics and Sedatives or get Fishbein back to do it."

The requests for making the articles in JAMA more timely were fairly widespread.

This first comment, by a medical marketing consultant, went further, stressing the part which JAMA plays as a medical news publication:

"I think it would be a great improvement if the editorial pages were made more newsworthy and included more about new products and developments. This, of course, is also the job of the advertiser. In fact, it should be a cooperative job between the advertiser and JAMA."

More along the usual line are these three comments made by various ethical drug manufacturers:

"Articles are too late. They are published in many cases a year or so after they are received. Most of the articles are too high-blown for the readers. As a result, the average doctor who receives JAMA reads neither the articles nor the ads."

"There is too much time-lag between the time a paper is submitted and when it is published in JAMA. This is especially true in the case of important papers. This is a frequent occurrence. I am under the impression that many times a paper doesn't appear in print until a year after it is submitted. Also, sometimes articles appear that are of no consequence, when there are important articles which are held up and kept waiting to be published. These things are important to the pharmaceutical advertiser, because many times these articles are favorable to a new product in which the advertiser is vitally interested."

"I have a specific suggestion for an improvement on the editorial side. Whenever JAMA carries articles on drugs where therapy changes frequently occur, for example in the field of antibiotics, there should be a note saying when the article was submitted and what changes have been made since then. Sometimes there is an eight or nine months delay between the submission and the publication of an article. Such articles should be brought up to date."

(c) *Changes in advertising policy.*—The comments on suggested changes in advertising policies centered around three main topics: acceptance of only professional products, or at least limitation of amount and higher standards for non-professional ones; requests for interspersing as much editorial matter with advertisements as would be agreeable to the readers; and regulation of inserts, with a definition of what is acceptable, so that all advertisers are treated impartially.

Nearly two-thirds of the advertisers definitely preferred to have JAMA accept only advertising of products of professional interest to the physician. A number of these centered their attack on cigarette advertisers who made pesudo-scientific claims.

The pattern of reasoning on the subject of accepting only professional advertising was very consistent. It was tied in directly with the requirement that only therapeutic products which have been accepted by a Council can be advertised in AMA publications. The advertisers consistently resented intensely the fact that they had products on which they had considerable difficulty getting Council Acceptance which appeared right alongside cigarette and soft-drink advertisements which had had practically no scrutiny by the AMA. This feeling was even more intensified in the case of ethical drug manufacturers who had compound products which they could not advertise in JAMA.

This comment from a large medical advertising agency man is typical:

"JAMA should have ethical ads only. It is certainly inconsistent to run such ads as the Philip Morris ads and at the same time impose such rigid restrictions on the ethical ads."