

# *The Man Who Managed Your Marketing?* **Estes Kefauver and the Drug Hearings on Antitrust and Monopoly**

Andrew D. Pressey

*University of Birmingham, Birmingham, United Kingdom*

## **Abstract**

**Purpose** – The U.S. Senate hearings on pricing in the market for drugs in 1959, and lasting ten months, was part of a series of wider senatorial hearings into a range of American industries including the markets for milk, bread, automobiles, and steel, undertaken by the Senate Subcommittee on Antitrust and Monopoly, chaired by Senator Estes Kefauver of Tennessee between 1957 and 1963. The study examines how a body that had the initial investigational remit to examine the subject of ‘administered prices’ in the drug industry, became instead largely a systematic critique of the marketing activities and techniques practiced by pharmaceutical firms of the day.

**Design/methodology/approach** – The study draws on the Senate Subcommittee hearings for prescription drugs.

**Findings** – Three objectionable marketing practices were identified by the Antitrust Subcommittee: The use of sales representatives and high-pressure sales techniques, industry promotional practices, expenditure and deceptiveness, and the role of drug branding to hold consumers captive to major brands.

**Research limitation/implications** – Rather than being an investigation that was perceived by some as out of tune with the major events of the day (most notably civil rights), it will be demonstrated that far from being an anachronism, the hearings were an important precursor to the consumer rights movement, which peaked in the 1960s and 1970s, and establish a link between antitrust issues and contemporary consumer politics.

**Originality/value of the paper** – The paper demonstrates the historical value of studying regulatory body appraisals of marketing practices.

**Key words** – Antitrust; Pharmaceuticals; Administered Prices; Marketing Practices.

**Classification** – Research Paper.

## **Introduction**

In December 1959 the U.S. Subcommittee on Antitrust and Monopoly presided over a series of hearings into the American drug industry that lasted for ten months chaired by Senator Estes Kefauver. The remit of the hearings was to examine the impact of administered prices on industry profits and the concentration of economic power of the major pharmaceutical firms. What transpired, however, to the surprise of many corporate witnesses and observers, was the systematic investigation of the marketing practices of the pharmaceutical industry. Although now largely forgotten by historians of antitrust law (Wells, 2002) and business historians (Scroop, 2007; Bud, 2005), the drug hearings represent a fascinating “interpretation of antimonopoly’s role in shaping the politics, economy, and culture of the United States after 1945” (Scroop, 2007: 3), and that led to some to conclude that the marketing discipline itself was “under attack” and that “such unfair campaigns as those of Senator Kefauver” had linked the public consciousness with unfair marketing and pricing practices to the extent that “public confidence in pricing practices was set back 70 years” (Manischewitz and Stuart, 1962: 2). This study seeks to understand why were the marketing practices of the drug companies being investigated? What marketing practices did the Subcommittee find questionable? and how was the market regulated as a result of the drug hearings?

Kefauver’s stance on corporate power and antitrust earned him an anti-business and marketing reputation from some commentators. In 1960, at the height of the antitrust drug hearings, *Sales Management* magazine published an article titled “The Man Who Would Manage Your Marketing”, drawing parallels between Soviet-style market intervention and planning under communism and

Kefauver's views on market(ing) regulation. "[Tr]y to imagine" the article urged, "how you would make out under *Komplete Kefauver Kontrols*", chastising Kefauver for the restraints he would place on marketing practices, something he had been keen to do in the pharmaceutical industry, as we shall shortly see.

The drug hearings have provided cause for some historians to question Kefauver's quixotic crusade with the antitrust laws that was out-of-keeping with the important events of the day, such as civil rights, and that the post-war antitrust movement was "one of the faded passions of American reform" (Hofstadter, 1965: 188) in an era when Americans had resigned themselves to the belief that economic and social order lay firmly in the hands of large organizations in the wake of the New Deal and post-war reforms (ibid). An alternative assessment, however, is that the drug hearings represent a far-reaching assessment of marketing practices in post-war United States, an account of attempts to regulate deceptive marketing practices, and the advocacy of consumer safety that we normally attribute to the mid-1960s and individuals such as Ralph Nader (McMannon, 1997). Kefauver's championing of antitrust was at a time when the topic was viewed by the public as "complex, difficult, and boring" (Hofstadter, 1965: 189), but far from being an anachronism, Kefauver was an advocate of consumer protection and safety that predates the subsequent 1960s and 1970s consumer movement – a link that is today either ignored or largely forgotten. But to what extent was Kefauver able to 'manage our marketing' in the years that followed the drug hearings?

### **Carey Estes Kefauver, 'Big Business' and the Antitrust Hearings on Administered Prices (1957-1963)**

Described as "[o]ne of the most admired and reviled politicians of his age ... a loner with a melancholy streak and a liking for scotch" (Scroop, 2007: 3), Carey Estes Kefauver (who preferred being called by his second name) was born in 1903 in Madisonville, Tennessee, in a farming community, was a graduate of the University of Tennessee (Knoxville) and Yale Law School, and practiced corporate law in Chattanooga in the 1920s and 1930s (see Fontenay, 1980 and Gorman, 1971 for a detailed personal and political background). He joined the US House of Representatives in 1939 as a Democrat, serving until his election to the US Senate in 1948. He was the Democratic Party's nominee for Vice-President in 1956 in an unsuccessful campaign with Presidential nominee and running-mate Adlai Stevenson.

Kefauver came to national prominence in the U.S. through a series of hearings on organized crime (popularly known as 'the Kefauver Committee') that probed vice and corruption in America's major cities between 1950 and 1951. The crime hearings sensationalized the nation and were televised at movie theatres and watched by more than 20 million people (Scroop, 2007). Arguably Kefauver's greatest influence and achievement however – and the focus of the present study – was as the chair of the Senate Subcommittee on Antitrust and Monopoly between 1957 until his death in office in 1963. This position saw Kefauver become synonymous with antitrust laws in post-World War II U.S., to whom his detractors wryly observed: "in Kefauver we anti-trust" (Goldman, 1966: 8). During his tenure of chair of the Antitrust Subcommittee, Kefauver presided over numerous investigations of major industries including: pharmaceuticals, milk, bread, automobiles, steel, and the heavy electrical equipment industry. "Adopting a dragnet approach" (Scroop, 2007: 11) to the industries investigated, the hearings resulted in 18,000 pages of witness transcripts in 29 volumes and led to the prosecution of some of the most powerful firms in the US including General Electric and Westinghouse (Smith, 1961a, b).

The post-war U.S. economy witnessed unparalleled levels of economic growth and consumption, with a trend towards the consolidation of large corporate entities through mergers and acquisitions; in the 1950s alone the 500 largest manufacturers in the U.S. had acquired some 3,700 smaller firms (Goldman, 1966). While for many this led to unequalled standards of living there were concerns that 'big business' was changing the cultural landscape for the poorer, and Kefauver spoke directly "...to the deepest fears of those Americans who were alarmed by the erosion of traditional small town values" (Griffith, 1972: 77). Further, corporate consolidation was resulting in the misuse of monopoly power; as Kefauver (1966: 23) observed: "Every day in our lives monopoly takes its toll. Stealthily it reaches down into our pockets and takes a part of our earnings." In Kefauver's view this was a society on the brink of losing its tradition of 'fair' competition, and the antitrust laws served as the only adequate resistance against the powerful controls of large corporate entities:

"With these mergers, competition has been lessening. The "big" in all facets of American business are becoming constantly more powerful. We have, today, the "big" in the automobile

business, the “big” in the steel business, the “big” in the oil business, the “big” in the aluminum business, the “big” in the meat industry, as well as in many other industries too numerous to mention” (Kefauver speech to the Senate, 1<sup>st</sup> May, 1957, in Scroop, 2007: 6).

Under his stewardship, the Subcommittee’s principal concern was investigating the practice of administered prices, a much-contested idea put forward by a group of New Deal economists, most notably Gardiner C. Means (Means, 1935, 1940), and supported by John K. Galbraith. Administered prices – as the name suggests – refers to the practice of the artificial setting of prices by businesses rather than leaving them subject to the normal forces of supply and demand – or ‘market prices’ (Scroop, 2007), that had been popular in many industries after the Second World War. Kefauver’s contention, however, was that such pricing practices harmed consumers, damaged the economy, and ceded too much power to large corporate interests (Kefauver, 1966), a view that both Means and Galbraith shared to some extent. The Subcommittee’s investigation into administered prices in the drug industry began in 1959 and lasted ten months, and called on some 150 witnesses to give evidence; afterwards Kefauver claimed that it uncovered a “...dramatic illustration of the effect of monopoly on the consumer...” beyond that of any of the other industries investigated by the Subcommittee (Kefauver, 1966: 29).

While the terms of reference of the Subcommittee was to afford it powers to examine the practice of administered pricing in the drug industry, what actually transpired was a far-reaching inquiry into the marketing practices of the major pharmaceutical firms – an intellectual detour that was not uncharacteristic of Kefauver during most of the Subcommittee’s hearings, and that much annoyed his critics and detractors in industry and government (Gorman, 1971). Concerns over marketing practices in the drug industry were not unwarranted, however; in the 1950s, physicians in the US were being increasingly saturated with promotional materials from the pharmaceutical companies and targeted with dubious product claims. By the end of the 1950s, it was estimated that collectively physicians in the U.S. were annually exposed to almost 4 million pages of advertising in medical journals, and were visited by industry sales personnel 20 million times (Harris, 1964). It was also claimed that drug companies were making baseless efficacy claims for drugs in promotional materials while often providing no mention of side effects (Donohue, 2006). So rife were such practices that some commentators claimed that physicians were unable to determine fact from fiction in drug marketing (May, 1961). These practices were beginning to attract public attention; in 1958 the *Saturday Review* received a number of letters from concerned readers (including some physicians) over confusion in the market for antibiotics (Bud, 2005). *Saturday Review* columnist John Lear wrote a series of pieces in early 1959 critical of pharmaceutical company practices and the large profits being made in the industry (Lear, 1959a, b, c), and public confidence in drugs and the drug industry was at a very low ebb.

Against this background, the complex issues the Subcommittee sought to answer included the degree to which the high prices being charged by the industry were necessary as they supported substantial R&D costs and offset other product failures, or were high prices being charged in order to support the huge amounts being expended on marketing promotions and sales, and were the drug companies abusing their power by spending huge sums on marketing in order to influence physicians to ensure that their brand of drug was prescribed? Kefauver had pursued organized crime in the US; he would now turn his attentions to the ills of the capitalist system in the form of marketing practices in post-war U.S.

### **Questionable marketing practices of the major pharmaceutical firms**

The Subcommittee investigation with its remit of examining the effects of administered prices in the drug industry proved ultimately to be much broader in scope than merely the issue of monopoly pricing alone, but “for the first time ... put the spotlight on the research and marketing practices of the drug industry” (Tobbell, 2012: 109). It is difficult to conceive of a key marketing activity that was not scrutinised by the Subcommittee or that failed to exercise Kefauver as the hearings progressed. Administered prices were merely a symptom of a deleterious pernicious marketing apparatus and oligopolistic industry structure, and can be viewed as Kefauver’s ‘Trojan horse’ through which industry marketing practices could receive legal assessment (Scroop, 2007; Bud, 2005). Three themes are evident in the marketing practices brought into question by the hearings:

- i. The use of sales representatives and high-pressure sales techniques (the ‘detail men’);
- ii. Industry promotional practices and the vast sums expended on advertising and direct mail, and the use of deceptive promotional practices; and

iii. The questionable employment of drug branding to hold consumers captive to major brands.

Through these mechanisms of manipulation, the Subcommittee charged the major pharmaceutical firms with the marketing machinery to ultimately artificially raise prices and create entry barriers for new firms. As we shall see, Kefauver was vexed by the peculiarities of industry practices in the drug market where “the man who orders does not pay, and the man who pays does not order” (Kefauver, 1966: 29). His scathing assessment of marketing practices in the drug market in the U.S. – and what he saw as the “...price-fixing brigandry of the so-called ‘ethical’ drug trade...” (ibid) – subsequently resulted in tighter regulatory control of the drug market that reshaped industry practices.

*The role of ‘detail men’ in pharmaceutical sales*

The ‘detail men’ were “...(usually men with pharmaceutical or other technical backgrounds) who act mainly as missionary salesmen” (Bauer, 1961: 548). It was the role of the detail men to visit doctor’s surgeries, clinics and hospitals and to ‘detail’ medical staff – the practice of providing information concerning new drugs with the aim of persuading a doctor to prescribe them to his or her patients. Described by Greene (2004: 272) as “half sales pitch and half educational service,” the detail men would also provide market intelligence including information gleaned from targeting pharmacists to collate information on prescription sales and identifying high-prescribing physicians. When reported back to sales managers, these data “...generated a crude map of practice density and marketing receptivity that enabled more strategic deployment of salesmen” (Greene, 2007: 743). Although travelling salesmen (Spears, 1995), and travelling salesmen of patent medicines, had existed since the mid-nineteenth century in the US (Young, 1961), it was not until the aftermath of World War II, however, that the major pharmaceutical companies began to deploy travelling salesmen in significant numbers as a pivotal marketing strategy. As the industry increased in value from \$300 million at the advent of World War II in 1939 to \$2.3 billion by 1959, the number of detail men increased from the low thousands in number in the 1920s to in excess of 15,000 across the US by the end of the 1950s (Peterson, 1951; Gibson, 1959). This can be attributed in part to the introduction of a number of ‘miracle drugs’ in the 1940s including tranquilizers, antihistamines, corticosteroids, and antibiotics.

The detail men took on an increasingly important role particularly in honing sales techniques to improve efficiency and sales tactics, and to identify and target physicians with a penchant for sales personnel and new drugs (McQuillan, 1963; Peterson, 1949). Such techniques were facilitated by the introduction of various educational sources, including a college course being offered on ‘detailing’ physicians offered by Thomas H. Jones at Columbia University in 1941 (Greene, 2004), practical sales training texts (for example, Thomas H. Jones’ *Detailing the Physician: Sales Promotion by Personal Contact With the Medical and Allied Professions* published in 1940, and Arthur F. Peterson’s *Pharmaceutical Selling, ‘Detailing’ and Sales Training* published in 1949), and journals, such as the launch of *Medical Marketing* in the early 1940s. Although these sources demonstrated variety in their scholarly approach and underlying scientific principles, they served to underscore the specialized role of the pharmaceutical sales agent compared to that of the general salesman. The detail men themselves were also developing their own techniques and vernacular based on their field experience. One former long-serving detail man – Rufus McQuillan – revealed that pharmaceutical salesmen of the 1940s began using physician caricatures during sales training, such as “Dr. Snob,” “Dr. Resistant,” and “The Backslapper,” to illustrate how different physicians would respond to various sales tactics, and what might be done to overcome potential resistance (McQuillan, 1963). Regardless of the pejorative characterisations proffered by the detail men, physicians were becoming swamped with sales visits by the end of the 1950s (Gibson, 1959) to the extent that many pointedly refused appointments to all cold-calling sales agents (Greene, 2004). For example, it is estimated that some 20 million sales calls were made to pharmacists and physicians by detail men in 1958 alone (Harris, 1964).

In his early course on pharmaceutical marketing and sales, Thomas H. Jones dispelled any disillusionments his students might have harboured towards the singular purpose of the role of the detail man as a hard-selling technique utilized by the drug companies: “Detailing is, in reality, sales promotion, and every detail man should keep that fact constantly in mind” (Jones, 1940, cited in Greene, 2004: 273). The power the detail men were perceived as holding over physicians was a particular concern, as Dr Walter Modell (Cornell University Medical College) testified before the drug hearings:

“If one is to take the word of the detail man, then he will prescribe whatever the detail man provides. He will not, therefore, know what the best drug available is, but he will give what he

has been instructed to give, so that he may be depriving his patient of the best medication. I consider that a danger” (*Hearings*, Part 21, p.11607).

In this vein, *The Hearings* took the role of the detail men to task, noting that in addition to the large spend on advertising in medical journals, the chief marketing practice was the use of a “...mighty sales machinery” (Kefauver, 1966: 29) comprising chiefly the detail men who saturated physicians with promotional materials and regular visits. Despite industry testimony that the detail men provided a valuable educational role supporting physicians, Kefauver’s committee conceived the role as unnecessary, in agreement with expert testimony offered by physician Dr Harry F. Dowling:

“When a drug is really new, information about it spreads with rapidity by word of mouth among the members of the [medical] profession and through articles in medical journals ... Detail men are valuable for the purpose of getting information to physicians and pharmacists regarding the availability and prices of products distributed by their companies, but being salesmen, they cannot be expected to give unprejudiced advice” (*Hearings*, 1959: 14172).

Similar, but perhaps more damning testimony was offered by Dr A. Dale Console, who warned:

“There is a simple maxim, I learned from detail men, which is known to most if not all in the pharmaceutical industry. ‘If you can’t convince them, confuse them.’ This is a valuable tool in the industry and I have seen it in operation as a guide to detailing...” (*Hearings*, 1959: 10368).

There was clearly considerable divergence between some academic views of the professional detail man as “...one of the most influential and highly respected individuals in the public health professions ... Upon him frequently depends the saving of life or relieving from suffering by virtue of his timely introduction of a therapeutic product and his intelligent discussion of it with a physician. His opportunity to render service of extraordinary value to physicians for the benefit of their patients is in itself a source of real satisfaction. He serves humanity well” (Peterson, 1949: 2). In contrast, the drug hearings accused the detail men of being essentially dishonest agents. One such extreme example cited by Kefauver was chloramphenicol. Introduced in 1949, chloramphenicol was an antibiotic marketed by Parke-Davis & Co., as the branded drug Chloromycetin – one of the largest selling prescription drugs on the market in the US at the time. By the early 1950s, however, it was becoming clear that there were significant problems emerging with the drug and its potentially deleterious side effects.

The FDA undertook an investigation of the drug’s potential side effects in 1952 concluding that it could continue to be sold with the following caveat in its judgment: “[we had] weighed the value of the drug against its capabilities for causing harm and has decided that it should continue to be available for careful use by the medical profession in those serious and sometimes fatal diseases in which its use is necessary” (*Hearings*, 1959: 15980); hardly a ringing endorsement by the regulatory body. Kefauver questioned this decision, declaring that: “How does it happen that a drug with such limited uses and high potential of danger to the patient has such an impressive sales position?” (Kefauver, 1966: 86). The answer to the senator’s question would appear to lie in the subsequent practices of the detail men representing Parke-Davis & Co.

Parke-Davis & Co., complied with the FDA taking out full-page advertisements in the *American Medical Association Journal* warning of the potentially injurious side effects of Chloromycetin and issuing a letter in mid-1952 to 200,000 physicians and pharmacists across the US, followed by a further letter in late-1952 indicating that the results of ongoing studies would be published once they became available. Further, the potentially deleterious effects of the drug were required to be outlined on the drug’s labelling. It must have appeared to most neutral industry observers at the end of 1952 that sales of Chloromycetin were destined to practicably decline to zero by 1953 and that the brand would likely be withdrawn. Enter the detail men to the scenario.

Kefauver’s Subcommittee had issued subpoenas for company records, and amongst the information they received were a number of remarkable documents in the form of two letters (sent on 12<sup>th</sup> August and 16<sup>th</sup> September 1952) and a set of written sales instructions sent to the company’s detail men (on 20<sup>th</sup> November 1952) issued from the offices of the President and Board of Directors of Parke-Davis & Co., (*Hearings*, 1959: 15962-15977). The letters reassured the detail men that the FDA and NRC had cleared Chloromycetin “...with *no restrictions*...” (emphasis in original), and that their investigation and subsequent decision “...was undoubtedly the highest compliment ever tendered the medical staff

of our Company.” The written instructions required the detail men not to raise the issue of Chloromycetin’s toxicity in discussions with physicians and to memorize the following text and to relate this precisely to physicians:

“...intensive investigation by the Food and Drug Administration, carried on with the assistance of a special committee of eminent specialists appointed by the National Research Council, resulted in unqualified sanction of continued use of Chloromycetin for all conditions in which it has previously been used.”

On the issue of the potentially injurious nature of the drug and the requirement by the FDA to provide suitable warnings on the drug’s labelling, the detail men were instructed to quote the following passage verbatim: “[the FDA decision is] A sensible caution against indiscriminate use, which we have incorporated into our advertising and labelling, is a welcome addition to our literature and to the label on Chloromycetin.” Based on such sales rhetoric, the detail men were able to provide reassurance to physicians of Chloromycetin’s efficacy and encouraged them to prescribe it to an ever higher extent. By the early 1960s, Chloromycetin was the leading drug by sales volume marketed by Parke-Davis & Co.

#### *Excessive promotional spend*

At the beginning of the 20<sup>th</sup> century, advertisement revenues for the newspapers carrying patent medicine adverts were estimated to account for as much as half of their advertising income (Young, 1961), and many early journals, almanacs and publications owed their existence to the revenues accrued from drug advertising. The market for ethical drugs had been the recipient of criticisms of its promotional practices for some time from the early 1900s onwards. In 1908, George H. Simmons – president of the American Medical Association (AMA) – wrote an inflammatory piece in the *Journal of the American Medical Association* charging the pharmaceutical firms with deluging medical journals with advertising posing as factual articles. Simmons’ observed “The fact that the Abbot Alkaloidal Company spends thousands of dollars in advertising its products in the various journals that carry these ‘original articles’ and ‘testimonials’ might explain why they were published” (Rodwin, 2010: 807) and claiming that the *American Journal of Clinical Medicine* (published by Abbott) was a purely promotional vehicle.

By the 1950s, physicians in the US were being overwhelmed with promotional copy from the pharmaceutical companies. For example, in 1958 alone the drug industry estimated that it had published in excess of 3,700,000,000 pages of advertising in medical journals, and mailed more than 740,000,000 items of direct mail to pharmacists and physicians (Harris, 1964). In their paper “Factors Influencing the Selection of Pharmaceutical Products,” published in the *Journal of Marketing*, Caplow and Raymond (1954) reported the results of a survey of physicians and pharmaceutical companies’ marketing practices. They found that doctors received approximately 9.9 items of direct mail each day, had been visited by 3.4 detail men in the previous week and received an average of 7.2 medical journals carrying large amounts of drug advertising. The pharmaceutical industry and the AMA maintained that drug advertising served an educational role at a time when there was limited post-residency training for physicians, until this improved in the 1940s (Rodwin, 2010).

The *Hearings* investigated the large sums of money spent on promotional materials by the major pharmaceutical companies, frequently leaving Kefauver and his committee astounded at the high promotional costs in the industry. For example, as Kefauver (1965: 37) noted “For every dollar of sales, Schering spent 32.5 cents for advertising and promotion ... Advertising costs of this magnitude tend to be a reflection of the prices charged,” and, as a consequence, “Schering was in the enviable position of being able to spend lavish sums on promotion because of its high profits, and then to perpetuate these high profits because its heavy promotional campaigns.” The promotional practices in the drug firms had created a vicious cycle that could not be broken.

These were not isolated practices, but a rather feature of the industry. In some instances the Subcommittee struggled to comprehend the vast sums expended on promotions. The Subcommittee produced a corporate memorandum from one company, Bristol, who marketing the drug tetracycline. The internal communique revealed that the amount spent by Bristol promoting tetracycline actually exceeded the cost of manufacturing the drug in 1956 (*Hearings*, Part 4: 2404).

‘Problematic’ advertising hence occupied a substantial proportion of the antitrust hearings for drugs, and the issue of non-price competition and higher prices charged as a result of excessive

amounts of advertising and promotion. Despite industry claims that drug promotion was educational, the Drug Hearings – and Kefauver – believe it to be excessive. Kefauver’s researchers and subpoenas uncovered industry practices and statistics that were shocking to the public. Of the 22 largest pharmaceutical companies reporting to the Subcommittee, costs of production averaged 32% and research and development costs averaged 6%, while advertising costs averaged 25%. Eight companies under investigation reported that the costs of advertising were greater even than the costs of manufacturing the products sold (Kefauver, 1966: 68). Kefauver’s contention with “The Problem of Advertising” was with the “truly staggering” (ibid: 68) amount of promotional material being targeted at physicians that maintained artificially high prices, increased industry costs, and raised entry barriers for new competitors. There was also the issue of the perceived wastefulness of the volume of material that was being produced and discarded by medical practitioners. In one colourful example, Dr James E. Bowes, a physician reporting to the Subcommittee, weighed the promotional material and direct mail he received over a two month period calculating that:

“It would take two railroad mail cars, 110 large mail trucks, and 800 postmen to deliver the daily load of drug circulars and samples to doctors if mailed to one single city. Then after being delivered, it would take over 25 trash trucks to haul it away, to be burned on a dump pile whose blaze would be seen for 50 miles around” (*Hearings*, Part 18, p.10453).

These promotional materials frequently incentivised physicians to prescribe certain brands; Pfizer produced a catalogue which contained various consumer goods that could be acquired by earning ‘bonus points’ through making prescriptions to certain drugs (Hertzberg, 2009: 49). In a similar vein, one industry insider – Dr Dale A. Console who was formerly medical director at Squibb – lamented the

“...weekly mailings, the regular visits of the detail man, the two-page spreads, and the ads which appear six times in the same journal, not to mention the added inducement of the free cocktail party and the golf outing complete with three golf balls stamped with the name of the doctor and the company in contrasting colors” (*Hearings*, Part 18, p.10375).

The issue of waste, however, was secondary to the justification of expenditure and charges of professional confusion caused. The associated industry promotional costs were staggering. Seymour Blackman (executive secretary, Premo Pharmaceutical Laboratories) reported to the hearings:

“Spending three quarters of a billion dollars in advertising, to produce 2.5 billion dollars in sales, seems to me to be excessive, especially since the products being propagandized are absolutely necessary and an artificial demand need not be created. It is my personal opinion that at least one half of the sum spent on advertising and promotion is totally wasted” (*Hearings*, Part 14, p.8205).

The saturation marketing of new drugs over a relatively short period (often only a few months) was important in order for companies to recoup investment costs before competing products were introduced. This was a market, that one witness – Dr William Bean (professor of the School of Medicine, Iowa State University) – noted could be fairly described as “...the quick kill with the quick pill” (*Hearings*, Part 18, p.10335). The “...heaping up of communications” (Bauer, 1961: 547) in the drug industry was regarded as a major source of physician confusion with “...advertising excesses [that] confuses physicians” (Dr Louis Lasagna, head of the clinical pharmacology division, Johns Hopkins, *Hearings*, Part 14: 8140). Further, the *Hearings* questioned the extent to which promotional materials could ever be trusted. As Dr Fritz Freyhan (director of research, Delaware State Hospital) commented:

“While it may, even for psychiatrists, be difficult to keep up with the literature, psychiatric drugs are now prescribed for many reasons by every doctor; the family physician who is not a psychiatrist depends that much more on the accuracy of information which comes from the promotional literature” (*Hearings*, Part 16: 9037).

The reliability of promotional materials provided by the various drug houses was seen to vary considerably "...with the quality of the personnel in that drug house, and also with the integrity of the individuals in these drug houses" (Dr Maxwell Finland, associate professor, Harvard Medical School, Hearings, Part 24: 13944). The drug industry was criticised for failing physicians in not holding itself to a higher standard of promotional integrity given the products they sold given that "...misinformation and mistakes about drugs can affect health and life, advertising of drugs cannot be allowed to fall to the level of other advertising" (Professor Harry F. Dowling, head of department, University of Illinois College of Medicine, *Hearings*, Part 24: 14172).

In their defence, on being questioned about the abnormally high profits enjoyed by the industry, industry spokesmen frequently pointed to the costs associated with discovering new life-saving drugs and the high costs of R&D (Hertzberg, 2009). The pharmaceutical industry representatives also maintained that advertising expenditure was necessary, and in sharp contrast to many industries, as it served as a "scientific treatise" (*Hearings*, 1959: 10702) by providing important product information (such as drawing attention to any deleterious side effects of certain drugs), rather than merely creating promotional copy in a conventional sense in other consumer goods markets. Hence they fulfilled an important educational role through "Marketing campaigns [that] would ensure that every physician knew about the brand-name wonder drugs produced by the postwar pharmaceutical system" (Hertzberg, 2009: 49). Indeed, the marketing director for Smith, Kline & French, Tobias Warner, testified that "pharmaceutical promotion differs from consumer promotion to the laity [because it] ... is dedicated almost as much to educating and imparting essential information as it is to selling" (Rodwin, 2010: 807).

The views of the Hearings and its independent witnesses were critical of the efficacy of promotional practices and did not accept the view that they provided an important educational function, but rather that the advertising agencies working on behalf of the drug companies were selling the medical profession "...a whole bushel basketful of sows' ears for silk purses each year" (Dr Louis Lasagna, head of the clinical pharmacology division, Johns Hopkins, *Hearings*, Part 14: 8140). Customers were captive to the major brands that physicians prescribed, and the drug market clearly did not operate along the lines of other markets where the best products prevailed but rather the most powerful brands. Further, it was clear to the committee that the normal apparatus of free market capitalism had been suspended in the drug industry, as one witness (Seymour Blackman, executive secretary, Premo Pharmaceutical Laboratories) observed:

"The basic and only reason for this continuous spiral of heavy advertising and profit taking ... is the fact that the consumer, in this field, cannot exercise his normal, economic prerogative of shopping or pricing before he purchases. The normal laws of supply and demand have no application here" (*Hearings*, Part 14: 8205).

#### *Branding in pharmaceutical markets*

In the late 19<sup>th</sup> century a number of American and European drug manufacturers remodelled themselves as 'ethical' pharmaceutical houses in order to draw a distinction between their creation of legitimate therapeutics and the patent medicine manufacturers who frequently concealed their ingredients and "...touted expansive therapeutic claims to consumers via popular advertisements in magazines, newspapers, and traveling medicine shows" (Greene and Herzberg, 2010: 794), essentially branding themselves as the pharmaceutical houses that we recognise today. This ultimately paved the way for individual product branding which appeared as a practice in pharmaceutical markets to a significant extent in the 1940s (Greene, 2004), such as Merck's branding of Cortone (cortisone), its first branded product, in 1949 (Marks, 1992). Prior to this time many drugs were marketed as chemical formulations, but the ethical drug houses adhered to the AMA's code of ethics by promoting their goods only to medical practitioners. In truth, however, some firms straddled the patent-ethical drug divide in producing and marketing both simultaneously, evidenced by companies such as Smith Kline and French (Greene and Herzberg, 2010), and also engaged in 'shadow' marketing practices in the early 1950s, where they flouted the AMA ethical code of physician-only marketing by employing various techniques to promote certain drugs to the public (Herzberg, 2009).

As an early form of direct-to-consumer advertising beginning during the 1920s and 1930s, the exercise of branding institutions to the general public was pioneered by companies such as Parke, Davis & Company and E. R. Squibb & Sons who promoted the reliability and efficacy of their drugs rather than specific products in popular publications of the day (Greene and Herzberg, 2010), a



practice that became an industry standard by the mid-20<sup>th</sup> century. Indeed, by the late 1940s many of the major pharmaceuticals were operating with distinct and differentiated branded product lines “...grounded in laboratory innovation” (Greene, 2004: 274).

The value of the ethical drug market increased substantially after World War II; in 1939 the domestic market was worth approximately \$150 million in sales, by 1947 this had increased to over \$500 million (Herzberg, 2009), and in excess of \$2 billion by 1959 (Rehder, 1965). While the average return for manufacturers in the late 1950s was around 10%, the average rate of return for the drug companies in the US was around 20% and even higher for some individual firms (Herzberg, 2009). Competition in one of the most lucrative industries in the US and attempts to enter it by firms were growing fierce – techniques that the pharmaceutical companies could employ in order to afford them a competitive edge were being eagerly sought, and branding as a widespread practice was likely just such a competitive response. Hence with “...growing competition from similar or virtually identical products manufactured by different companies” (Rehder, 1965: 287) the role of the detail men and latterly branding, were increasingly relied upon within the industry.

Under Kefauver’s chairmanship, the Subcommittee was critical of branding practices that to the proliferation of trade names, an uncompetitive means of non-price competition that resulted in artificially high prices and market entry barriers. In addition to the common benefits that brands provide companies of any goods, in pharmaceutical markets where a physician prescribes a specific drug and pharmacists must dispense only that company’s drug by law, thus providing a further incentive to maintain a powerful brand image. As fellow Subcommittee member Senator John A. Carroll observed, the consumer was not only “...purchasing the commodity, but he is also paying for the expansion of an industry” (*Hearings*, Part 9: 4776). A source of contention was that the drug companies were engaged in branding practices that even most consumer goods companies would refrain from in the attempt to confuse customers. Dr Solomon Garb, who testified before the Subcommittee, imagined what the market for baked beans might look like if the pharmaceutical firms were in charge of its marketing activities:

“They would all stop using the word ‘beans’, and each would give the product a new, coined name. Some might use anagrams of beans, like ‘Sneabs’ or ‘Nabes’, and others might call them ‘Lo Cals’ or ‘Hi Pros’. Picture the confusion in the grocery store if beans were no longer named ‘beans’, but if each maker gave a completely new name to his product. Further, try to imagine what would happen if there were 300 to 500 additional new names of this type in the grocery store every year” (*Hearings*, 1959, Part 18: 10481).

Fears were raised that consumers were not the only casualties of this brand confusion; Dr Walter Modell warned the Subcommittee that “Only a name that conveys meaning lends itself to instructive communication. We could never teach pharmacology if we attempted to cope with the confusion created by proprietary nomenclature” (*Hearings*, Part 21: 11602). Hence the efficacy of pharmacists was also in jeopardy with the dramatic rise in branded drugs being introduced to the US market annually. Rather than engage in a costly escalation of branding trade name drugs, the Subcommittee asked why the industry did not simply lower its prices instead as its basis for competition. This resulted in the following exchange between Francis Brown (president of Schering Corporation) and Kefauver:

*Senator Kefauver:* ...How is it, if you want to be really competitive, you don’t lower your price to get more of the business?

*Mr Brown:* You mean to get more from a competitor?

*Senator Kefauver:* I mean to get more business for yourself.

*Mr Brown:* Senator, we can’t, as I pointed out this morning, we can’t put two people in every bed when there is only one person sick (*Hearings*, Part 14: 7888).

The drug manufacturers attempted to counter these accusations. For example, Schering’s Francis Brown noted that “Marketing medicine is a far cry from marketing soft drinks or automobiles” (*Hearings*, Part 14: 7854), owing to an industry-wide inability to expand markets through price leadership activities. Mr Brown further argued that any perceived problems of sections of the public not being able to afford medicine was not linked to industry marketing costs or even the price of drugs

themselves but "...a matter of inadequate income rather than excessive prices or even 'administered prices', whatever this may mean" (*Hearings*, Part 14: 7855). Other industry players were publicly defending the drug industry's branding practices. In a speech delivered at the University of Chattanooga in June 1960 during the drug hearings (no doubt in an attempt to embarrass Kefauver in his home state of Tennessee), Theodore G. Klumpp (president of Winthrop Laboratories) reminded his audience of the importance of branding in the drug industry:

"Our entire system of free enterprise is, in fact, based on brand names ... Brand names enable the consumer to reward the product which is proved good ... through repurchases of the product. If a product proves unsatisfactory, the consumer has the means of punishing it – by refusing to buy it again ... brand names facilitate reward or punishment [as they are] a prime factor in stimulating reputable manufacturers to produce the best product" (Tobbell, 2012: 112).

Without recourse to branding, Klumpp maintained that physicians would not have the same levels of trust that they would have in generic drugs that were not clearly linked to a particular company and that a drug market devoid of brands would afford the manufacturers little incentive to innovate and invest in drug development. Hence the twin issues of safety and innovation that were important to Kefauver were in jeopardy. The Subcommittee, however, predictably remained sceptical and unconvinced.

### **Discussion and Conclusions: Did Kefauver Manage Our Marketing?**

Kefauver fell ill after giving a speech in the Senate on August 8<sup>th</sup> 1963 trying to prevent the Communications Satellite Corporation's private corporate monopoly power in the US telecommunications industry – an entity created by the Kennedy administration and controlled chiefly by AT&T (Griffith, 1972) – and died two days later. On his death, the Subcommittee had demonstrated the problems of administered prices and corporate power in the US to the American public across a range of industries including drugs, "...but was a long way from framing the comprehensive legislation needed to deal with the monopolistic practices it had uncovered" (Gorman, 1971: 304). A question of importance to the present study is why should we reflect on the outcomes of the drug hearings after more than half a century has transpired, particularly as several historians and other observers have derided the investigations?

The drug hearings and Kefauver himself were not without their detractors, with some commentators viewing the hearings "...as the last gasp of a moribund form of consumer politics based solely on 'prices' and 'income distribution'" (Scroop, 2007: 13). Several historians have criticised Kefauver's investigation of monopoly practices as an imprudent exercise that ultimately "went nowhere" (Jacobs, 2003: 267) and was "dead end" in its impact (ibid: 258), a view shared by others (Cohen, 2003; Hofstadter, 1965). Other observers at the time concurred with this view; summarising the period of the Hearings, Professor George J. Stigler commented that the "...entire performance of the Kefauver committee ... has been a highly unsatisfactory one" (Adams and Lanzillotti, 1963: 117), that amounted to little more than a 'fishing expedition' (ibid). Marketing scholars were also concerned with the impact of Kefauver's hearings; writing in the *Journal of Marketing*, Manischewitz and Stuart (1962: 2) referring to the negative impact on public opinion resulting from the hearings lamented that "[b]y the end of 1960 it was difficult indeed to believe that anything worse could happen in the field of marketing to provide its critics with a stronger case."

The outcomes of the drug hearings were significant for a number of reasons. Initially, the drug hearings served to create a shift in thinking by bringing to the attention of the public the deleterious actions of some of the most powerful drug companies operating in the US, transforming the image of the industry from one of life-saving 'researchers in white coats' to one of greedy 'reps in cars' (Froud *et al.* 2006). Kefauver portrayed the market for drugs as "a marketing-driven industry" that provided a picture of the industry "far different than the one offered by the industry itself" (Gagnon and Lexchin, 2008). This publicity caused the American public to reflect on the emergence of the powerful new drugs on offer and their prices in the post-war period, and encouraging "debates...that would endure for a generation" around attitudes to the US drug market (Bud, 2005: 331).

The drug hearing was the only investigation led by Kefauver that resulted in the creation of meaningful new legislation – the Kefauver-Harris Act of 1962 – which he co-sponsored along with Oren Harrison. While the remit of the drug hearings was to examine the impact of administered prices on the public, the legislation that ultimately passed had a number of important new features not

contained in the earlier Food, Drug, and Cosmetic Act of 1938, but that had little to do with the issue of administered prices: it afforded the FDA responsibility for regulating the advertising of prescription goods by drug companies, the requirement of companies to provide evidence of not just drug safety but also drug efficacy, ensured the FDA would monitor clinical trials more thoroughly, and also gave the FDA greater access to manufacturers records. The impact of the new law and the drug market was therefore far from inconsequential, and stands as one of the most significant laws regulating consumer safety of the 20<sup>th</sup> century (Scroop, 2007). The bill that Kefauver initially introduced, however, received insufficient political support, including that of the Kennedy administration, which had only narrowly won in the 1960 election and lacked the appetite to be allied to such contentious legislation (Tobbell, 2012). The issue of drug efficacy and interest in new legislation was, however, resurrected in the wake of the thalidomide scandal that came to light in July 1962 (Tobbell, 2012; Scroop, 2007). Kefauver was highly critical of the final Act in its failure to lower prices by encouraging physicians to prescribe generic drugs concluding that “[i]n terms of protection of the public’s pocketbook, this constitutes a serious gap in the law” (Kefauver, 1966: 98). Although new legislation in the drug market did not reach the standards that Kefauver anticipated on the culmination of the drug hearings, it set the tone for reform in the drug industry that continued in the 1960s and 1970s. Despite this, Kefauver’s legacy has been overlooked entirely by some; for example, in a major history of U.S. antitrust by Wyatt Wells (2002), he makes no mention of Kefauver or his role in post-war market reform in the US.

Kefauver’s failure to influence drug prices may be due in large part to the Cold War rhetoric employed by the major pharmaceutical firms, which maintained that efforts to reform the drug market represented an attack on free enterprise akin to the socialization of medicine. Drug manufacturers claimed that drugs and the drug industry were an important component in defeating communism by persuading the citizens of underdeveloped countries to adopt capitalism and its superior ability to support public healthcare, against fears that Russia would use medicine and technology to promote communism to people from underdeveloped countries, chiefly South America, Asia, and Africa (Tobbell, 2012). Although Russia actually lagged behind the U.S. in terms of major new drug development – “Russia has no medical sputnik up its sleeve” (Tobbell, 2012: 95), noted one analyst in late 1957 – it could draw on a large number of biomedical personnel (including physicians) who could be deployed to underdeveloped countries to advance the cause of communism. Further, the drug industry argued that reform would undermine the successful system in the U.S. that was innovative in drug development, whereas the Soviet Union merely cloned drugs and had seen limited development in major breakthroughs, a line supported by the Republican members of the Senate subcommittee.

Far from being an anachronism and out of touch with the important issues of the day (Hofstadter, 1965), such as civil rights, Kefauver’s drug hearings and subsequent legislation ushered in new interest in consumer politics focused on “safety and health issues” (Jacobs, 2003: 259). Hence we can legitimately establish a link between the outcomes of Kefauver’s drug hearings and the nascent consumer rights movement that we normally attribute to the mid-1960s and individuals such as Ralph Nader and a shift from concern over prices to issues such as consumer safety (McMannon, 1997); as Daniel Scroop (2007: 13) observed: “it would be a mistake to neglect the connections between Kefauver’s consumer politics and the ‘new’ consumer politics of the 1960s and 1970s...” We can, therefore, situate Kefauver’s contribution against the emerging public debate of the value of marketing and its power to manipulate, as well as the issue of consumer safety, with the growth in consumer rights books emerging in the 1950s with writers such as John Kenneth Galbraith’s (1958) *The Affluent Society*, Vance Packard’s (1957) *The Hidden Persuaders* and *The Status Seekers* (1959), David Potter’s *People of Plenty* (1954), and, of course, Nader’s books, chiefly *Unsafe at any Speed* (1965), *Corporate Power in America* (1973), and *Taming the Giant Corporation* (1976). Interestingly, when Nader and colleagues such as Sidney Wolfe were advocates for change in the drug reform movement in the 1970s, many of their key concerns paralleled those explored during Kefauver’s investigation; this included the role of detail men in influencing physicians, and the high costs of branded drugs, which through large-scale promotional campaigns by drug companies (and aided by anti-substitution laws in drug prescription), Nader and Wolfe believed had ultimately resulted in over-priced drugs and the daily gouging of millions of dollars from the American public.

Kefauver’s credentials as an early actor in the new consumer politics movement can be further demonstrated with his unsuccessful attempts to create a ‘Department of Consumers’, through a bill he introduced in 1959 and again in 1963 (Forte, 1967). Kefauver saw this “as a natural extension of the work of his subcommittee” (Scroop, 2007: 15) that would afford powers to an independent agency to oversee the treatment of consumers and act “as an advocate of the consumers’ interest at all levels and

stages of government” (Kefauver, 1959: 44). This was no doubt influenced by the changes in society evident in Kefauver’s lifetime, culminating with his chairmanship of the Antitrust Subcommittee. Towards the end of his life, Kefauver reflected back on his childhood: “I found myself,” he noted, “contrasting life today with the kind of life with which I was familiar as a boy in Madisonville, Tennessee”, where the modern “truly pecuniary economy” did not yet exist (Kefauver, 1966: 178). This new body would respond to consumer complaints and coordinate with other Federal agencies on issues of consumer interests. Despite being viewed as “an intriguing and apparently unique concept” (Forte, 1967: 972), both bills would remain in committee stage during Kefauver’s lifetime. His idea for a dedicated consumer agency did, however, influence thinking in other levels of the government about the treatment and protection of consumers; in 1960 the chairman of the Federal Trade Commission observed: “I think that while our primary purpose may be the protection of honest businessmen, certainly, we have an ancillary assignment of protecting the public generally and consumers” (ibid: 976).

In conclusion, to what extent was Kefauver able to reform the marketing practices of U.S. pharmaceutical manufacturers and ‘manage their marketing’? The Kefauver-Harris Act afforded the Food and Drug Administration significant powers to hold the drug manufacturers to greater account in terms of their marketing practices; drug advertisements to physicians had to contain the generic name of the drug in each instance the brand name was mentioned, the government were afforded powers to designate a generic name for a drug in instances where it was felt a generic name was unpronounceable in order to ensure its simplicity and clarity, manufacturers had to provide proof of a new drug’s safety and efficacy in order to receive marketing approval, and manufacturers were required to disclose side effects in all advertisements, a measure which Kefauver believed would help curb excessive advertising and certain promotional claims. Although the new legislation did not directly deal with the issues related to the economic concentration of power and high prices in the industry, it did, as Kefauver (1966: 97) reflected, represent an attack “...upon existing hazards in the manufacture and marketing of these drugs.” The drug hearings – as well as Kefauver’s passionate investigations of monopoly practices in a variety of U.S. industries and their impact on consumers in the late 1950s and early 1960s – also represent a significant chapter in contemporary consumer politics.

## REFERENCES

- Adams, W., and Lanzillotti R. F., (1963). Administered Prices: A Compendium on Public Policy, U.S. Congress, Report of the Senate Subcommittee on Antitrust and Monopoly, 88<sup>th</sup> Cong., 1<sup>st</sup> session, in *Antitrust, the Market, and the State: The Contributions of Walter Adams*, (1991), James W. Brock and Kenneth G. Elzinga (eds.), New York: M.E. Sharpe, Inc.
- Anonymous (1960). The Man Who Would Manage Your Marketing, *Sales Management*, 15<sup>th</sup> June.
- Bauer, R. A., (1961). Risk Handling in Drug Adoption: The Role of Company Preference, *Public Opinion Quarterly*, 25(4): 546-559.
- Bud, R., (2005). Antibiotics, Big Business, and Consumers: The Context of Government Investigations into the Postwar American Drug Industry, *Technology and Culture*, 46(2): 329-349.
- Caplow, T., and Raymond, J. J., (1954). Factors Influencing the Selection of Pharmaceutical Products, *Journal of Marketing*, 19(1): 18-23.
- Cohen, L., (2003). *A Consumers’ Republic: The Politics of Mass Consumption in Postwar America*, Alfred A. Knopf: New York.
- Donohue, J., (2006). A History of Drug Advertising: The Evolving Roles of Consumers and Consumer Protection, *The Milbank Quarterly*, 84(4): 659-699.
- Hearings on Administered Prices before the Subcommittee on Antitrust and Monopoly of the Committees on the Judiciary, U.S. Senate: Drugs, Parts 14-26, 1959-1961.
- Fontenay, C. L., (1980) *Estes Kefauver: A Biography*, University of Tennessee Press: Knoxville.
- Forte, W. E., (1967). The Department of Consumers, *Vanderbilt Law Review*, 20(5): 969-1008.
- Froud, J., Johal, S., Leaver, A., and Williams, K., (2006). *Financialization and Strategy: Narrative and Numbers*. New York: Routledge.
- Galbraith, J. K., (1958). *The Affluent Society*, Penguin Books: Canada.
- Gagnon, M-A., and Lexchin, L. J., (2008). The Cost of Pushing Pills: A New Estimate of Pharmaceutical Promotion Expenditures in the United States, *PLoS Med*, 5(1): e1.
- Gibson, M. E., (1959). ‘Editorial’, *American Journal of Pharmaceutical Education*, 23: 461-466.

- Goldman, P., (1966) Preface to *In a Few Hands: Monopoly Power in America*, Kefauver, E., and Till, I., New York: Harmondsworth.
- Gorman, J. B., (1971) *Kefauver: A Political Biography*, New York: Oxford University Press.
- Greene, J. A., (2004). Attention to ‘Details’: Etiquette and the Pharmaceutical Salesman in Postwar American, *Social Studies of Science*, 34(2): 271–292.
- Greene, J. A., (2007). Pharmaceutical Marketing Research and the Prescribing Physician, *Annals of Internal Medicine*, 146(10): 742-748.
- Greene, J. A., and Herzberg, D., (2010). Hidden in Plain Sight: Marketing Prescription Drugs to Consumers in the Twentieth Century, *American Journal of Public Health*, 100(5): 793-803.
- Harris, R., (1964). *The Real Voice*, New York: Macmillan.
- Hertzberg, D., (2009). Will Wonder Drugs Never Cease! A Prehistory of Direct-to-Consumer Advertising, *Pharmacy in History*, 51(2): 47-56.
- Hofstadter, R., (1965). What Happened to the Antitrust Movement? in *The Paranoid Style in American Politics*, Richard Hofstadter (ed.), New York: Alfred A. Knopf.
- Jacobs, M., (2003). Pocketbook Politics: Democracy and the Market in Twentieth-Century America, in *The Democratic Experiment*, Meg Jacobs, William J. Novak, and Julian E. Zelizer (eds.), Princeton: N.J.
- Kefauver, E., (1959). A Voice for Consumers, *The Progressive*, January: 41-44.
- Kefauver, E., and Till, I., (1966). *In a Few Hands: Monopoly Power in America*, New York: Harmondsworth.
- Lear, J., (1959). Taking the Miracle out of Miracle Drugs, *Saturday Review*, 3<sup>rd</sup> January, 35-41.
- Lear, J., (1959). The Certification of Antibiotics, *Saturday Review*, 7<sup>th</sup> February, 43- 48.
- Lear, J., (1959). More ‘Miracles’, *Saturday Review*, 7<sup>th</sup> March 1959, 47-49.
- McQuillan, R. L., (1963). *Is the Doctor In? The Story of a Drug Detail Man’s Fifty Years of Public Relations with Doctors and Druggists*, New York: Exposition Press.
- Manischewitz, D. B., and Stuart, J. A., (1962). Marketing under Attack, *Journal of Marketing*. 26:1-6.
- Marks, H. M., (1992). Cortisone, 1949: A Year in the Political Life of a Drug, *Bulletin of the History of Medicine*, 66: 419-39.
- May, C. D., (1961). Selling Drugs by ‘Educating’ Physicians, *Journal of Medical Education*, 36(1): 1-23.
- McMannon, T. J., (1997). Collision in the ‘Middle of the Road’: Warren G. Magnuson, Edward R. Howrey, and the Coming of the Third Wave of Consumer Protection, *Congress and the Presidency*, 24(1): 61-78.
- Means, G. C., (1935). Price Inflexibility and the Requirements of a Stabilizing Monetary Policy, *Journal of the American Statistical Association*, June: 401-413.
- Means, G. C., (1940). Big Business, Administered Prices, and the Problem of Full Employment, *Journal of Marketing*, 4(4): 370-381.
- Nader, R., (1965). *Unsafe at any Speed: The designed-in dangers of the American automobile*, New York: Grossman Publishers.
- Nader, R., and Green, M. J., (1973). *Corporate Power in America*, New York: Grossman Publishers.
- Nader, R., Green, M. J., and Seligman, J., (1976). *Taming the Giant Corporation*, New York: Norton.
- Packard., V., (1957) *The Hidden Persuaders*, New York: David McKay Co., Inc.
- Packard., V., (1959) *The Status Seekers*, New York: David McKay Co., Inc.
- Peterson, A. F., (1949). *Pharmaceutical Selling, ‘Detailing’, and Sales Training*, 1st ed. New York: McGraw-Hill.
- Peterson, A. F., (1951). The Professional Service Pharmacist, *Journal of the American Pharmaceutical Association*, 12(4): 212–13.
- Potter., D., (1954). *People of Plenty: Economic Abundance and the American Character*, Chicago: University of Chicago Press.
- Rehder., R. R., (1965). Communication and Opinion Formation in a Medical Community: The Significance of the Detail Man, *Academy of Management*, December, 282-291.
- Rodwin, M. A., (2010). Drug Advertising, Continuing Medical Education, and Physician Prescribing: A Historical Review and Reform Proposal, *Journal of Law, Medicine and Ethics*, 38(4): 807-815.
- Scroop, D., (2007). A Faded Passion? Estes Kefauver and the Senate Subcommittee on Antitrust and Monopoly, *Business and Economic History On-Line*, 5: 1-17.
- Simmons, G. H., (1908). The Abbott Alkaloidal Company – High Finance and Methods of Working the Medical Profession, *Journal of the American Medical Association*, 50(11): 897.

- 
- Smith, R. A., (1961a). The Incredible Electrical Conspiracy – Part I, *Fortune*, 63, (April) 132-180.
- Smith, R. A., (1961b). The Incredible Electrical Conspiracy – Part II, *Fortune*, 63, (May) 161-224.
- Spears, T. B., (1995). *100 Years on the Road: The Traveling Salesman in American Culture*, New Haven, CT: Yale University Press.
- Tobbell, D. A., (2012). *Pills, Power, and Policy: The Struggle for Drug Reform in Cold War America and its Consequences*, California: University of California Press.
- Wells, W. C., (2002). *Antitrust and the Formation of the Postwar World*, New York: Columbia University Press.
- 
- Young, J. H., (1961). *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation*, Princeton, N.J.: Princeton University Press.