University College of Medicine on a part-time basis, and for this I receive a small annual salary. The major part of my time is engaged in private medical practice in a group association with other internists. All income derived from the application of my medical knowledge is received by me as a percentage from my share of the partnership receipts.

A large proportion of my private patients suffer from various rheumatic diseases, and I am particularly interested in the problem of rheumatoid arthritis, which in my opinion is one of the most devastating, persistent, and painful diseases which affect mankind. Rheumatoid arthritis is a major producer of disability, striking characteristically in the most productive years. The degree of this disability has not been entirely recognized by business and industry, for reasons not clear to me. Rheumatoid arthritis is not one of the so-called glamour diseases and has not received the attention it deserves from the public nor, I am afraid, from some segments of the medical profession, and in certain aspects it might be said to have an "untouchable" status. Patients with rheumatoid arthritis seem to sense this general attitude and feel almost apologetic or embarrassed at having their disease. The disability aspect is all too apparent, and the patient makes every effort to adjust to and compensate for disability. However, the constant and relentless nature of the pain and suffering are little appreciated and not well understood.

Now, I would like the opportunity to reply to certain of Dr. O'Brien's statements which I thought were unwarranted. On page 4528, he refers to my publication in the Journal of the American Medical Association, volume 195, page 1102, May 1966 (although he fails to refer to the equally important paper published 1 month prior in the Journal of the American Medical Association, February 14, 1966, page 531). He states that the study is highly biased, but I must insist it was done without bias and with complete objectivity. He makes objection to my statement "placebo was introduced whenever the patient seemed to be established and well controlled on indomethacin therapy."

Mr. GORDON. Doctor, may I interrupt you for a moment?

My feeling when I heard Dr. O'Brien testify was that when he used the word "bias," he used the word "bias" from a statistical point of view. I do not know, but it certainly did not seem to me that he used it in an ad hominem sense.

Senator NELSON. I do believe that he did not intend to say that you, yourself, were biased. I think that is correct.

Dr. ROTHERMICH. I think he should have made that clear in his statement. He should have said it was statistically biased, because he refers later to a statistical bias, so I assume this statement that "it was biased" meant that it was personally biased.

Senator NELSON. I do not have the understanding that he intended that, and I do not think he would intend to imply that you were personally biased. I think he was talking about statistics and I think that you may have interpreted it in a way he did not intend.

Dr. ROTHERMICH. Basing this exception on the fact that the disease is "cyclical," he introduces a non sequitur in his reasoning when he states that "since the disease is cyclical, introducing a placebo when a patient was doing well would probably be followed by a relapse."