medicine. They may be laboratory-oriented physicians or they may be statisticians.

I once submitted to the editor of Arthritis and Rheumatism an article dealing with my extensive study of the incidence and prevalence of rheumatoid arthritis in criminal and insane populations. We examined 20,000 insane and 4,400 criminals in the Ohio penitentiary to determine if they had rheumatoid arthritis. I submitted this and was told that this was referred to some prison psychiatrist, and he took exception to certain parts of it and wanted to have these deleted. I refused, and the article was not published.

The editor subsequently apologized to me and said that he was bound to follow the reports of his reviewers and his editorial board. He subsequently agreed that he would publish it as a brief report without any editorial changing of it. I had to condense it, then, so that it would fit in length with the qualifications of "brief reports."

Mr. GROSSMAN. My point is only this: It seems there should be two responsibilities. One rests with the individual author of the piece, to make sure that his piece is honorable, that it goes to the points, and does not leave anything out; and secondly, that these medical journal editors, whoever they are—I happen to know that we are giving them, if they are nonprofit organizations certain tax advantages and other advantages—these editors should at least own up to these things and make sure we are getting the full story.

Dr. ROTHERMICH. I am sure that these medical journal editors are highly conscientious men, and they strongly believe, some of them, for example, in the infallability of the double-blind study, which I have today tried to show you is not infallible.

Mr. GROSSMAN. Then we are wholly dependent on the individual author's integrity. It comes to a point where he says, I will not let you print my material.

Dr. ROTHERMICH. Yes. Then he might just as well go hide in a closet.

Mr. GROSSMAN. He may have to.

Dr. ROTHERMICH. You see, this is the problem now.

Mr. GROSSMAN. Thank you.

Senator NELSON. Thank you, Dr. Rothermich, for coming in today. We appreciate having you here.

Dr. ROTHERMICH. Thank you.

(A supplemental statement was subsequently submitted by Dr. Rothermich and follows:)

SUPPLEMENT TO STATEMENT OF NORMAN O. ROTHERMICH, M.D.

Finally, I should leave with the committe a clear-cut, concise statement of my present views and attitudes regarding indomethacin, and to emphasize the objectivity of this (as not something suddenly thought up for the benefit of this committee), I will simply quote from the invitational lecture which I gave before 1,200 Yugoslavian doctors at their Symposium on Rheumatic Diseases in Ljubljana, Yugoslavia on Friday, April 26, 1968.

"*Conclusions.*—After six and one-half years of clinical experiences, I continue to regard indomethacin as a valuable adjunct to the treatment of rheumatoid arthritis. It may be considered as a treatment of choice in ankylosing spondylitis, chronic gouty polyarthritis and psoriatic arthritis and may be beneficial in some other miscellaneous rheumatic diseases, such as osteoarthritis (especially of the hip) and in some cases of fibrositis. Cerebral and gastric side effects are certainly not uncommon, but with prophylactic attention to dosage and method of administration and with reasonable vigilance on the part of both the physician