they, I believe, have effectively reduced or are effectively reducing. I am not quite sure that the 2,000 you are quoting is an ongoing total amount that is constantly before them.

Senator HATFIELD. I think the figure is about 2,600, the latest figure that I obtained on that. Do you think it is possible in terms——

Senator NELSON. May I interrupt you? I think the record ought to show, Senator, that the 2,600 represents active IND's.

Senator HATFIELD. These are applications.

Senator NELSON. These are active IND's, I believe.

Mr. GADSDEN. I do not have that figure. Just to amplify Dr. Lawrason's remarks, Merck and the industry have, over the years, supported the FDA in their applications for additional funds and additional people, because we are appreciative of the problems which they have in trying to deal with very complex subject matter.

Senator NELSON. Testimony on this subject is in the record as of yesterday or the day before.

Senator HATFIELD. I would like to be sure that we have the exact figure in relation to whether it is NDA or IND at this place in the record.

Do you think there could be a better system devised, such as perhaps utilizing outside consultants, or do you think it should just be a bigger bureaucracy? Of course, you realize I do not have much faith in the bureaucracy that exists there now. But are you indicating to me that we should just add more and more staff to an already rather inefficient operation?

Dr. LAWRASON. Senator, I would hate to make suggestions on how to solve some of these problems of the Food and Drug Administration.

Senator HATFIELD. Would you like to comment on the bill that I have introduced to take all this away from the FDA and put it in the competent hands of the National Academy of Sciences?

Dr. LAWRASON. I would not want to.

Senator HATFIELD. You would not care to?

Dr. LAWRASON. No.

Senator HATFIELD. I understand why perhaps you might not want to at this point.

What would you say as to the second problem that bothers me? That is that you indicate, like your other colleagues in the industry, that you accumulate a mass of material to have the FDA review and study for these approvals, but what kind of continuing research do you have? What kind of continuing program is there to review the effects after a longtime use of these drugs? I have at no point found any satisfactory evidence that there is such a continuing research by industry or of review by Government on the effects that might occur after—not the initial efficacy or the purpose for which it was originally taken, but the side effects or other things that can happen after long term use of the drug?

Dr. LAWRASON. Senator, I can give you some figures on the extent of our continuing investigation of indomethacin which I think will be pertinent to these hearings. As you will recall, seven controlled studies, not all double-blind, were submitted with the New Drug Application.

Since then, four additional double-blinds have been completed. There are now nine others ongoing in rheumatoid arthritis, with an additional four to six with other controls, other drugs. The total,