from a representative group, but from the least discriminataing physicians and from the physicans least qualified to give an intelligent scientific appraisal of the problem.

Again, if I were a drug company executive, and I had an adequate detail staff, I would choose Squibb's method over that of Upjohn. The detailman is best acquainted with the prescribing habits and the different ways the physicians in his territory think. He is best able to determine which is the most fertile ground in which the seed of discontent and protest can be planted. As I said in 1963, "the real need is for data not protest". I hope Commissioner Ley will pay some attention to this.

One of the differences between the 1963 episode and the present confrontation is the lack of publicity given to the present confrontation in the throw-away news media. This is probably only a lull before the storm. I enclose with my statement Exhibit #6 which is quite typical of letters of protest and is the first pertinent article that has come to my attention. I clipped it from the "Letters to Tribune" section of the March 24, 1969 issue of *Medical Tribune*. As usual the letter to the FDA does not contain a scrap of scientific data and is a tirade full of illogical irrelevancies. In his letter Dr. Johnson says, "The FDA was created as an agency to prevent the movement in channels of interstate commerce of adulterated and/or *misbranded* food, drugs, and cosmetics" (my emphasis). Apparently Dr. Johnson is not aware of the efficacy provisions of the 1962 legislation. The FDA's proposal to take Panalba and Mysteclin-F off the market, as I interpret the law, falls within the statutory authority given to the FDA. The interference with Dr. Johnson's concept of the practice of medicine is an unfortunate side effect of regulatory action.

This is only one of some 3,000 letters the FDA is reported to have received. I expect we will see more of them. Actually I believe that the FDA could do a valuable public service by publishing a large random sample of the letters it has received. I feel that if the protesters are given enough rope they will hang themselves.

Question. Isn't it strange that although the AMA's Council on Drugs has always been against the use of combinations, the AMA still accepts advertising for them!? How do you account for this?

Answer. The answer to the question of the discrepancies that exist between the AMA's Council on Drugs, the AMA's advertising staff, and the AMA's editorial policy can be found in the record of the Kefauver Hearings. Following the Ben Gaffin Survey, which is reported in the record, the AMA apparently came to the realization that there is gold in drug advertising and that it was giving up a significant source of income. The AMA Seal of Acceptance was dropped and as I recall the Council on Drugs no longer had any voice in advertising policy.

The record of the Kefauver Hearings covers some 13,000 pages and while I have a reasonable knowledge of all of it, I cannot keep all of it always at my finger-tips. If my memory serves me, one of the members of the Council on Drugs who disagreed with the official position of the AMA in the Kefauver Hearings stated that the Council was not consulted even though the main issue was drugs.

You probably are acquainted with the disparity Dr. Charles May exposed regarding the editorial and advertising policies of the AMA. Although the AMA carried a scientific article indicating that Norlutin produced masculization in female fetuses with sufficient frequency to consider its use unsafe, the advertising pages blithely continued to carry advertisements for Norlutin which made no mention of this danger. The schizophrenic policies of the AMA are strange and are not amenable to the laws of logic and reason. Miss Yuncker's term "delirium" understates the diagnosis and prognosis. Delirium implies an acute transient disorder. The AMA's disease is chronic and probably incurable.

Question. What is the role of the Medical Director in allocating research funds? Does he determine what field is to be looked into? What criteria are used? Sales needs or medical needs? Can you tell us something about the quantity and quality of the research undertaken?

Answer. During the time I served as a member of the Fellowship and Grants Committee, the committee was composed of 4 members; the Vice-President for Research and Development, the Director of Laboratories, the Medical Director, and the Vice-President in charge of Promotion (sic). As I recall the budget available for clinical research done by my staff was between $250,000 and $350,000. While I had virtually complete command of the funds allocated for clinical studies of drugs, I had little or no authority in the selection of the drugs to be studied. If I recommended a clinical study it was almost invariably approved unanimously.

I believe that the total Squibb Research and Development budget was in the order of $6,000,000 throughout my tenure. Most decisions regarding the overall