

am sure that it will be utilized. It is utilized in many ways in this country by the young individuals preparing for examinations, and by older individuals who want to reassess their own knowledge. And I would not be at all surprised but what on an individual basis clinics may well require it.

Senator NELSON. Thank you.

Dr. POLLARD. This idea has since been adopted by several other national medical organizations and the American College of Physicians' medical knowledge self-assessment program is now being translated into the German language for the use of the German medical community. We were recently informed that the program is being used in South Africa, in their education program.

Dr. ROSENOW. May I interrupt here, please. On this test translated into German—and this is very appropriate to the hearing that you are having. As you know, many foreign countries depend even more for their educational efforts in medicine on pharmaceutical companies. I am not absolutely sure that we are going to go through with this, because I have not yet gotten from the German colleagues that want to do this conformance to what our agreement with them was. One of the agreements that we made was that they would have to distribute this exactly as we printed it originally. And what they want to do with it is send it out in serial form, cooperating with a drug company that wants to put some ads in it. And we have refused to do this. So we may not do it, because we do not want to get mixed up in a kind of gimmick for selling drugs.

Senator NELSON. Thank you.

Dr. POLLARD. There are other programs that the college uses to fulfill its purpose. Unlike many educational organizations, it makes no public appeal for gifts, neither does it receive support from the Government. The principal sources of funds are dues, subscriptions and advertising from the Journal, exhibits at the annual scientific session and income from investments.

Senator NELSON. May I interrupt? Doesn't the breakdown, I think it is your exhibit B, show the specific sources, that is, how much of the income is from journals, exhibits, investments? Do you have that figure?

Dr. ROSENOW. Yes, Senator, I can give it to you in more detail later if you like. At the present time—let us take 1968. When you first told us what you wanted, you wanted the breakdown between advertising revenue. And we have given you this. But in addition to the breakdown in the other total revenue, other than the Journal, the largest amount is \$370,438 in dues, \$33,000 in initiation fees. We have a total of about \$160,000 of income from our endowment investment. And we have \$187,000 of income from postgraduate tuition fees. This is almost—they go right out on the other end as expenses, so we do not really make anything on this. The medical knowledge self-assessment program, when we originally handled it we estimated a deficit of \$90,000 and now we—I hate to use the word profit—but an excess over expenses of about \$50,000.

Exhibit income is \$121,000. Guest fees are \$22,000.

This, however, I must also tell you, is not an even balance, but on our annual session we go in the hole about \$48,000 over this income.

Senator NELSON. The income from what kind of exhibits?