had not followed the prescribed methodology, and the letter acknowledging the error was sent to five firms.

Now, the other original findings I still say are correct. We stand behind them.

Did you run this answer in as prominent a way as you ran Mr. Stetler's attack on the FDA study? I would think that six samples out of some 4,600 on the tabulation error is a very small computation error on the part of the FDA.

Mr. CAHAL. Mr. Chairman, subject to correction, to the best of my recollection we did make mention of Dr. Goddard's refutation of that statement. I think it can be found.

Senator NELSON. Then why would it not be in this publication?

Mr. CAHAL. It probably was after that was published.

Senator NELSON. Would you—so that the whole record would be clear then—would you send for the record what you published and on what date, and we will print it in the record at this point?

Mr. CAHAL. To whom do we direct those, to Mr. Gordon?

Senator NELSON. Yes.

(Material not received.)

Senator NELSON. If there is anything you would like to respond to in what I have raised or said, we would be happy to hear you.

Just one more point to make. There is an editorial in September 1967 on prescription policies, and it recites an AMA study which was not scientific, to say the least, the AMA study of price of generics versus brand names in the drug industry. And I will not get into an elaboration on that, except to say that, of course, if you go to the drugstore and you have a generic-name prescription, and the drugstore only is carrying one brand name, you are going to pay the same price, because you can substitute as you would for the brand name. But it states here: "The AMA study showed that generic-name prescriptions are filled with brand name 63 percent of the time," that obviously would be because that is what is stocked and that is what is prescribed.

But I would just like to make one point for the record here, and that is on the question of whether, contrary to the conclusion of AMA on the price of generic versus brand names, Gray's drug chain and Peoples announced a year ago that they would put in stock a line of generic drugs made by Strong, Cobb & Arner, which I guess everybody recognizes as a distinguished manufacturer of generics, and that the average prescription price would be one-half the average brand-name price. But again here in the editorial is support of the brand-name companies. If there is anything you would like to add to the question I raised, I want to be fair and be glad to have you answer it. But it disturbs me to see how consistently the professional groups support the industry and how rarely they put them under tough criticism.

Is there anything you want to add, Doctor?

Mr. KEMP. I would only say this, Mr. Chairman, not in a full defense of what you are saying, but I do think that sometimes our liaison or our communications with, for example, the Food and Drug Administration, is not what it might be. I believe you were reading a few moments ago from some remarks made by Dr. Goddard after the earlier study or after the comment by the PMA. I do not know. I have no reason to know or have no way of knowing at the moment whether we received these. I would call your attention, sir, to the fact that the "Dear Doctor" letters, if you will, which are being mailed periodically to members of the medical profession—we do not receive them.