

had gone through your review procedure that your conclusions would be other than—

Dr. HEWITT. Your question relates to one of bias.

Mr. DUFFY. It really doesn't relate to one of bias. I am not very familiar with this area. But in reviewing the testimony yesterday and the testimony this morning, it seems to me that you could have stated these conclusions prior to actually sitting down and going through the studies that your panel conducted, is that not correct?

Dr. HEWITT. I think that that is a valid statement. And I think the basis for that statement is the fact that all of us are generally familiar with the medical literature, and consequently much of the data which we had occasion to review in a formal fashion all of us had been informally aware of for a number of years. And again this reflects the remarks which Dr. Kunin made, that all this information essentially has been available for the last 10 years.

Senator NELSON. Dr. Wise.

Dr. WISE. I would like to make the statement a bit stronger. One who works in the field of infectious diseases, in teaching, as a consultant in the field, and as a scientist, remains aware of every development in the field.

As soon as he becomes involved in it, therefore one has an opinion at all times. And the beginning of a scientific investigation with penicillin began back in 1937, and it was available to investigators in this country. I worked with penicillin in 1937. Of course I was acquainted with this up until the time the panel began, and had my own very definite opinion and conclusions at the beginning of the study, yes.

Mr. DUFFY. Let me pursue this just a little further, if I may. Do you think that these conclusions are any more valid now that your panel has acted to reinforce these conclusions than they were prior to the action that your panel took?

Dr. HEWITT. I think we might all answer that. Let me say that I think they are no more valid now than they were when the panels first convened.

I think the only difference is that they now have the stamp of approval. And exactly what that means remains to be seen.

Dr. KUNIN. Remember the climate of regulation of drugs. Efficacy was not a criterion, as you may remember, for a long, long time. This was very, very new. It was purely a matter of safety. So that our opinions at that time were based not on anything that was legal, it was a matter of judgment. The beauty of this particular opportunity is that we are charged with the efficacy question. And here we have the opportunity to present these opinions fully.

Dr. WISE. May I comment on that. In a scientific community one does not have to wait on a charge of efficacy. And therefore those who were maintaining a sense of inquiry were certainly charged with efficacy by the scientific opinion long before such a legal responsibility was placed upon us.

Mr. GORDON. Doctor, isn't it true, though, that some new facts have been uncovered about the dangers of some of the drugs? For example, novobiocin, and the components of, say, Signemycin, oleandomycin, so it is now a question of safety in addition to efficacy, isn't that right?

Dr. HEWITT. Mr. Gordon, I chose to check on this point before I