When safety is not an issue, we do not plan to remove a drug from distribution while a hearing is in progress. But in those cases we will insist that all promotional material for such products state the academy's finding, and FDA's concurrence, regarding the drug's lack of efficacy. The physician is entitled to this information and we intend to see that he gets it.

When new labeling is required as a result of academy recommendations, we will require the firms involved to publicize the changes in their advertising and other promotional material. Their detail men also will be required to provide this information to physicians and to others with whom they deal.

Mr. DUFFY. Doctor, it seems to me, having listened to Dr. Kunin's testimony and Dr. Wise's testimony and Dr. Hewitt's testimony and other testimony before this committee, that many of this Nation's physicians are at least circumstantially aware of this information. Most of it was generated back in 1957.

Dr. LEY. You wouldn't believe it from reading the letters that come to my office.

Mr. DUFFY. We have heard opinions as to those letters, and as to why they are written but it still doesn't really answer my question as to the fact that this information has been widely disseminated in the medical press, if I understand the previous testimony correctly.

Dr. LEY. The information in regard to the academy's recommendation on a particular drug product is not readily available to the physicians using that product.

If the physician remembers, for example, in prescribing drugs that somewhere 5 or 6 months ago he read in the AMA News or the Washington Post a statement to the effect that this drug was found to be ineffective, he will put these two pieces of information together. But I do not believe that this is adequate.

Senator NELSON. I have read the complete text of your statement, and it is going to be printed in the record.

I have a luncheon that I must go to. I wonder if you could summarize it—and we will see whether the minority counsel has any further questions—so that I can leave.

Will that be satisfactory?

Dr. LEY. It will be perfectly satisfactory, Mr. Chairman.

Mr. DUFFY. I have no further questions.

Mr. GORDON. Can you summarize briefly the letters that you have received on Panalba and Mysteclin-F—especially Panalba—from doctors as a result of the efforts of the Upjohn and Squibb Cos.?

Dr. LEY. I have some material because, we have looked at this internally. We received approximately 3,500 responses, of which 11 were favorable to our position and the remainder opposed to it. Of the 3,500, approximately a third were letters objecting to our action on Panalba. The other two-thirds were letters objecting to our position on Mysteclin-F. There was a minor difference in the reaction among the medical community. Most of the letters in regard to Panalba took the form: I have been using this product for 10 years, and it does a good job for my patients.

Mr. GORDON. These are testimonials?