Senator NELSON. Well, I am aware of that occurrence—the request of Dr. Kunin that it be printed. I am aware of the responses.

Dr. TALBOTT. I would like to clarify some of the aspects of this query.

First, I would like to say that I have been practicing medicine for more than 25 years. I am not a professional editor in the usual sense of the word, although this has been my major responsibility during the past 10 years.

I was on the faculty at Harvard, practiced medicine for a dozen years before I went into service in the 1940's. After that, I was practicing medicine, the head of my department, teaching at the University of Buffalo, N.Y. During that period of time, I had no appointive or elective office, I was not a member of the AMA staff in any way. My affiliation with the American Medical Association has been only during the past 10 years.

Now, specifically, with respect to this white paper. I have two or three documents in front of me that concern the alleged rejection of this manuscript, and there are two major fallacies regarding that allegation.

In the first place, I have two letters from the National Research Council, one dated January 24, 1969—possibly you have the same; the second letter, January 29. I would like to read the last paragraph, it is very short, Senator, stating—this was a letter addressed to me:

> As you know, the "white paper" should be held in privileged category until we have this word from FDA and I will call you or write to you as I am informed by the FDA.

That was January 29. That was the last communication that I received from the National Research Council.

In contrast to the statement that this communication should be held in privileged category until released is the second communication from the National Research Council on another white paper. This was April 30, also addressed to me. The first paragraph:

"The high degree of interest in problems of therapeutic equivalence of drugs prompts us to transmit to you herewith the"—note the word—"final version of the drug efficacies study on therapeutic equivalence."

Let us review briefly how we handle the 3,000 to 4,000 manuscripts that are submitted each year for publication in JAMA. Although we receive between 3,000 and 4,000 manuscripts, it is necessary, because of quality of the contributions, because of space limitation, because of the importance of the subject, primarily concerned with evaluation of new data, to reject approximately 65 to 75 percent of all manuscripts submitted. This is a full-time job, with a professional editorial staff, to properly handle, properly screen all of these contributions so that we end up with 20 or 25 percent of what is a new, valid, contribution that helps the doctor in the diagnosis of disease and practice of medicine. We do not pay attention to manuscripts that are not submitted in a final form, with a privileged category connotation. When the report appeared in the press that I had rejected this, a statement by Dr. Kunin, I received the following letter—I hope I have a copy of the letter—yes.

On May 12, I received the following unsolicited communication from Dr. Kunin as follows: