Senator NELSON. I have not raised that question.

Dr. TALBOTT. That was a possible implication from your query.

Senator NELSON. Anything is possible. I just would like a response. It seems to me that when a great event occurs, affecting the medical profession, every medical journal ought immediately to run stories on it so as to fulfill their obligation to keep the physicians informed.

Dr. TALBOTT. Sir, there are many great events each year in the practice of medicine and surgery. It is not possible for all great events to appear in the Journal of the American Medical Association as an original contribution.

Senator NELSON. Let me say, I think the answer is quite astonishing.

Mr. HARRISON. May I add to that, Senator?

It may also add to the astonishment. This information that came to the journal apparently did not come in the form of a publishable paper. I think there would be an obligation upon these very distinguished gentlemen you refer to to have provided such a publication in a publishable form to the journal. The obligation rests there, too.

Dr. TALBOTT. When we did receive the final version of a publishable communication from the National Research Council in April, it was promptly published in the Journal of the American Medical Association.

Senator NELSON. To what are you referring now?

Dr. TALBOTT. This was previously identified in my statement as the white paper on therapeutic equivalence. This was submitted in a final publishable form. Therefore, it was promptly published.

Senator NELSON. I understand that, however, I am still puzzled by your answer on these antibiotics.

Dr. TALBOTT. Sir, I have said——

Senator NELSON. Did you write and ask them for one?

Dr. TALBOTT. No, it is not our policy to go out and write for it. We have a primary job in screening what comes to us unsolicited.

Senator NELSON. I must say this amazes me.

You do not feel, then, that the American Medical Association—JAMA—has a special, a very, very special moral responsibility to the people of this country for their health—extra special in drugs because the only person who decides what drug should be used is the doctor—the patient has no competence to make a decision about what he ought to buy in the marketplace. In this context, with years and years of advertising of fixed combinations in JAMA, with the drug council opposed to combinations, with testimony before the Kefauver committee in 1962 that AMA was going to phase out the advertising of fixed combinations—yet the advertising continues in JAMA all these years, doctors see it in the journal, this historic event occurs in which the National Academy of Sciences-National Research Council says they should be removed from the marketplace as ineffective and in some cases dangerous, and with all that you do not feel you have an obligation, a special responsibility, to advise the doctors about this? That is incredible to me.

Dr. TALBOTT. I am sorry, sir; it should not be. It is not incredible to me. We receive communications from our councils and committees and I suspect that the Council on Drugs has taken this matter under advisement. We publish communications from the Council on Drugs regularly. I suspect that we will receive such a communication.