that, according to Dr. Kunin's testimony before this committee, Dr. Kunin was saying:

> This information has been available to physicians for 15 years or more. It has been available in good medical journals, including the New England journals, little bits and pieces in the JAMA itself. This is not new. This is old hat. This is what every medical student learns in textbooks.

Then I skip over some other colloquy here and get down to where the minority counsel says:

> Doctor, I would like to pursue one line of thought for a moment if I may. You indicated just a moment ago at the commencement of your testimony that you had not really done anything to significantly advance the state of knowledge about the drugs that we are discussing this morning.

Now, clarify for me, if you will, are we talking about something that was known in the medical profession or was it something that was revolutionary and dramatically new?

Dr. TALBOTT. Well, it was a little of both. Material gets into the medical literature. Sometimes it gets top billing, sometimes it gets a small abstract, small notation. Sometimes it appears in the "Question and Answer" section. I think the National Research Council probably summarized the data that had been accumulating, had been in the literature and had been available for many to read over the years, rather than a great breakthrough in the sense of a cardiac transplant or the discovery of penicillin or the discovery of insulin.

Senator HATFIELD. So if I understand you correctly, and again, I am not changing my position as far as the general format, but I think it is rather narrow based, but in this particular subject matter, it was something that had been in medical science or general knowledge, as Dr. Kunin says, for 15 years——

Dr. TALBOTT. Yes.

Senator HATFIELD (continuing). These were new interpretations, and since they were basic their paper and their report upon accumulation of information and knowledge that had been known and was known in the medical profession?

Dr. TALBOTT. It was not based upon any new series of investigations or researches in the true sense of the word.

Senator NELSON. I am just reminded that we started asking questions after Dr. Simenstad had gotten through. I thought we had heard all the witnesses.

Senator HATFIELD. May I make the suggestion that perhaps the testimony of the other witnesses as presented to us in written form be placed in the record as if read, unless there is objection?

Senator NELSON. I have no objection, but I would not want to deprive Dr. Parrott——

Mr. HARRISON. Do I understand we are closing the testimony?

Senator NELSON. Yes, I have only one brief question.

Mr. HARRISON. That will be in the record?

Senator NELSON. We are always happy, if you have some additional material that you think will be helpful to the record for clarification or otherwise, we leave the record open for a week.

We are happy to have you submit it to us.

Mr. HARRISON. Senator, if we are concluding the hearings this morning as to the AMA presentation, I think it would be most appro-