Mr. DUFFY. Another question was asked of the Doctor: "We are trying to determine on what basis did the Council endorse these studies? Did they have adequate access to these studies in order to form an opinion?"

The Doctor's answer is somewhat extensive, so I will not read it. But would you agree that, in essence, the words "I endorsed" here mean that Dr. Adriani agreed in essence with the study but was not able to participate in the thought processed to the extent that the word "endorsement" might be appropriate?

Dr. HAYES. That is correct. As I indicated earlier, the Council, although it has, until very recently, never expressed itself publicly on the matter, its position has been essentially in the nature of the statements which I read earlier with regard to fixed-doses combination drugs.

Senator NELSON. I want to thank you gentlemen for taking time today to come here. We are very pleased to have you. Despite what you might read from time to time and hear, it is the committee's intent to hear all viewpoints on all important matters that come before it.

We have made it clear that all of the drug industry and all of the medical organizations would have a prior opportunity, since they represent a lot of people, to make comments and appear to testify on the issues that are raised here, and that any company or anybody else who is criticized before the committee is entitled to the opportunity to present his version to the committee. So at any time you wish to come back before the committee, we will be very pleased to schedule a date and we will be very pleased to have you.

Mr. HARRISON. Senator, if I may, if Dr. Parrott had read his statement, he would have added two short paragraphs, I believe, to a particular section which further embellishes that which he would have read. I would presume they will be in the record. It would be on page 4. The committee has a copy and I have given the reporter a copy.

Senator NELSON. Yes; surely.

(Page 4 of the American Medical Association statement follows:)

There is little disagreeement that prescription drug advertisements are in the class of scientific communications. This accounts for the great interest in assuring the accuracy and reliability of the message such advertisements carry. The advertisements notify and remind the medial profession that a certain manufacturer offers a particular drug and claims that it is useful for certain purposes. Such advertisements should not be considered a substitute for education in drug therapy, however, and the reader's knowledge about the diseases and conditions mentioned and his awareness of the benefits or limitations of drug therapy for the particular problems mentioned should not be overlooked. The physician is a critic of drug advertisemnts and has often expressed skepticism about the message contained. The physician also wants to spend his time reading medical journals that appeal to him as a whole because of the quality of the scientific or editorial content as well as the advertising that supports the journal.

Mr. Chairman, Doctor Max Parrott will continue with our statement and provide the Association's response to the remaining six questions.

The second question the Subcommittee asked that we discuss relates to the rejection to drug advertising from drug firms. You ask for the names of the products and the companies together with detailed reasons for the rejection.

Although we have rejected some advertisements during the past five years, and have caused some advertising claims to be revised, we cannot provide the information you seek since we maintain no list. In most instances, the problems revolve around a choice of words and are easily resolved.