

problems. But it appeared to be misused there as it is misused in many other parts of the world.

Myron, would you agree with that observation?

Dr. WEGMAN. I would agree entirely, Mr. Chairman. I too was struck by the overuse. It seems that the knowledge of the danger simply has not penetrated into that vast country. One of the problems is that China, we found to our surprise, had no single, monolithic health system; there are a whole series of health systems, making communication more difficult.

Senator BEALL. They cannot communicate. They have great problems.

Mr. GORDON. Do they not have access to the PDR and the material that we have in this country?

Dr. LEE. Not out in the rural areas, Mr. Gordon. Certainly, the academic physicians and the people in the major hospital centers that we talked to were well aware of the hazards.

Senator BEALL. The medical elite, so to speak.

Dr. LEE. Right.

But that information was not disseminated widely, as it should have been.

Dr. SILVERMAN. Mr. Chairman, if I might, I think it is important to recognize that the rationality of the use of chloramphenicol may depend on other circumstances. For example, I think Dr. Lee and Dr. Wegman would be horrified at the way chloramphenicol is used in some of the larger metropolitan areas in Latin America. There, we hope the use is beginning to drop off. But out in the jungles, this is a different situation. The physicians or the pharmacists or even the witch doctors practicing there do not have access to a whole arsenal of different antibiotics. They have miserable systems of preserving materials. They have very limited transportation facilities. They have essentially no laboratory facilities to culture which type of organism is involved. And there, I think, the health practitioners take what is clearly a calculated risk. They recognize that if they use chloramphenicol they possibly cause a few hundred cases of serious or fatal aplastic anemia. But on the other hand, they may save the lives of thousands or tens of thousands of patients from dying from an infectious disease.

Senator BEALL. Am I correct? You are talking about chloramphenicol, about a drug where everybody seems to know, or everybody who is trained seems to know the consequences of the use of this drug. Are you suggesting that in the case of this drug the drug companies are not adequately warning people as to its effects? You indicate that although in the medical centers the people do know, they have not told the people for whom they are prescribing the drug what the side effects are.

Dr. LEE. In Latin America that certainly is the case. Even in the United States part of the problem is the continued irrational prescribing of chloramphenicol by physicians who do get the warnings and do have the information available. There is still some misuse of it here, but it does not compare to the extent of the misuse that we have now seen in Latin America. When we see the development of epidemics of typhoid fever or Shiga dysentery caused by chloramphenicol resistant organisms, that is evidence of a possible consequence of the misuse in a developing country where the sanitation is not as adequate and