STATEMENT OF DR. WILLIAM DAMESHEK, PROFESSOR, SCHOOL OF MEDICINE, THE MOUNT SINAI HOSPITAL, NEW YORK, N.Y.

Dr. DAMESHEK. Nice to be here, Senator.

Senator NELSON. Go ahead, Doctor.

Dr. DAMESHEK. What do you want me to do at this point?

Senator NELSON. If you will proceed to read your statement and then, at any time when you wish to extemporize or elaborate, we will be pleased to have you to do so. I realize that attempting to reduce all you wish to say in a printed statement throws a considerable amount of effort on you, but we will be pleased to have you elaborate at any point. If we happen to have some questions which occur to us while you are giving your statement, I am sure you will not mind an interruption. Otherwise, we will ask the questions at the conclusion of your statement.

Dr. DAMESHEK. I would like to introduce my statement by saying I have no personal vendetta against any pharmaceutical house that might be implicated in the use of this drug. I realize that pharmaceutical houses in this country are of considerable importance to the medical profession. They have done a great deal over the years in the research and development of drugs which we have used, as physicians, and I am fully aware of their importance and of their ethical responsibilities, and so on.

Senator NELSON. Let me say, Dr. Dameshek, the committee agrees with that statement. We have no particular vendetta against anybody, either. We are attempting here to get the best professional testimony on certain problems in this area from the most authoritative people in the country. We think this will be, in the long pull, a benefit to the companies as well as to the public and the medical profession.

Dr. DAMESHEK. I want to be, however, as objective as I possibly can. I realize that perhaps some of this objectivity may be lost in my own case possibly because I see the end results of some of the cases of chloramphenicol toxicity.

I am in the special field of what is called hematology, disorders of the blood, and I see cases of aplastic anemia, many of which have been treated with chloramphenicol, and these cases are very serious cases. Most of them die. So that I may be accused perhaps of looking through one end of the telescope whereas the cases of aplastic anemia that develop with the use of this drug are certainly relatively few.

Now, my statement here reads that chloramphenicol, or Chloromycetin as it is usually called, is a chemical or drug which was introduced as an antibiotic in 1948. It is a relatively simple compound and as such it was soon synthesized—a rare, if not unique, event in antibiotic studies, at least in soil antibiotics. Its formula is unique amongst antibiotics in that one part of the molecule contains a benzene ring to which is attached an NO_2 moiety. This means that the possiblity of injury might occur. At least we have been alerted to that idea since the time of Kracke, who was a hematologist and student of drug reactions a good many years ago.

This idea was early commented upon, notably by Smadel, who was an investigator of drugs, as indicating a possible risk to the bone marrow—the bone marrow is the factory that produces blood cells—