Senator NELSON. I suppose it would be most valuable when a new drug comes on to the market, during the first few years of experience with it?

Dr. DAMESHEK. Yes; I would think so because a drug may be introduced, may get by all agencies as a fine drug without reactions, as this one did, and then in a few years case after case begins to pile up. It is a curious thing. The reactions do not seem to show themselves up for a while.

There can be no question that the continued widespread advertising of chloramphenicol and of promotional activities by detail men tend to increase the use of this drug. Although cautionary statements have been introduced in the advertising literature and also in the medication packet, there is no clear-cut evidence that these are heeded to any degree. With access to an excellent antibiotic like Chloromycetin, the practicing physician is apt to reason that in this particular instance, and in view of the relatively few overt reactions to the drug, this particular patient would probably withstand any serious damage. As in cigarette smoking, the warning statements are honored more in the breach than in the observance.

In some areas of the world, notably in less developed countries as in the Orient, Chloromycetin is used almost as freely as aspirin, from my experience there, and without the cautionary recommendations required in this country.

Senator NELSON. Are these drugs manufactured in this country?

Dr. DAMESHEK. As far as I know, they are. There may be other sources, I do not know. But I know that Chloromycetin is used widely in various Oriental countries like the Philippine Islands and in Formosa and in many other foreign countries.

Senator NELSON. Do you find a comparatively high incidence, then, of blood dyscrasias of various kinds in those countries where chloramphenicol is used extensively?

Dr. DAMESHEK. Well, the physicians I talked with in the countries I visited seemed to think that the incidence of aplastic anemia in their respective countries is increasing, is unduly prevalent.

I have a little statement here from an editorial I wrote a few months ago that talks about this.[2] I said:

Thus, in Manila, the Philippines, Dr. Allen Caviles, of the Philippines General Hospital—

One of the largest hospitals in Manila, but only one of them, this is only one hospital—

informed me that he had observed 71 cases of aplastic anemia in 3 years, 53 of which had been the subject of followup.

One of these had developed another interesting disease that I have here. I call it here PNH, in abbreviation:

In the same period nine cases of PNH had also been observed, five of them having previously been diagnosed as aplastic anemia.

Another doctor, Dr. Hwang, in Taipei, Taiwan, reported that he had observed 10 to 14 new cases of aplastic anemia annually in one large hospital and he thought that the incidence had been going up year by year. In both these areas, Chloromycetin had been used very freely for about everything.

[2] See exhibit B, p. 2400, infra.