As I say, I discussed in an editorial of the Journal of the American Medical Association in 1960 something about the responsibilities involved. Who is responsible and whose responsibility is it in the use of this drug. Is it, I say, the pharmaceutical house which introduced and popularized the use of chloramphenicol to be taken to task? This seems unfair because there can be no question that this respected company has gone to every effort to ferret out statistics of case reports, to carry out experimental work in various animals, and even to note the effects of marrow transplantation in chemically induced aplastic anemia in monkeys.

Is it the physician, then, who is largely responsible? In a way he is, because without his prescription the drug would not be administered. Certainly, if he regards Chloromycetin lightly, to be dispensed like aspirin for every minor cold and respiratory infection, he is not without blame.

But are there certain mitigating factors, which I have already mentioned? Some say that a person ill is a person to be treated. The urge to make a person comfortable and to cure his illness as quickly as possible is an urge each of us as physicians has. It follows, then, that a good antibiotic of the broad spectrum variety and which can be readily administered is something to be used at every opportunity. We have potent medications. The patient is ill. We must treat him. The days of simple herb medicines and galenicals—that is, ordinary medications made from herbs and other sources—those days have long since passed. More often than not the newer synthetics are almost invariably composed of molecules of benzene rings and nitrogen, $\square H$, NH_2, NO_2 groups and all of them it should be said are potentially harmful. So, I talked about these responsibilities but I must say that since 1960 I have modified my stand a little bit. I say, in retrospect, this by no means settles the question. The numerous warnings regarding the indiscriminate use of Chloromycetin have been practically without effect.

Senator NELSON. The printed warnings have been practically without effect?

Dr. DAMESHEK. As I see it. It is now about time to consider more radical measures such as restriction of the drug for a few specific indications. Should one stop its use altogether? This would surely be a wrong thing to do because the drug is a potent antibiotic and has a well-defined usage. Should one simply continue with a warning statement in the advertising and in the package? These seem to have little, if any, value. Should one attempt restriction of the use of the drug to various well-defined conditions? This, I would be in favor of, but who is to do the restricting? Should it be done by governmental means, either at National or State level? Should it be done by the practicing physician, or by whom? I would, myself, be in favor of including on the prescription blank for Chloromycetin a statement as to the diagnosis of the condition. The druggist looking at the prescription blank could then question, if need be, the physician as to the indication. This might hold up some of the prescription writing. This is one way, of course, but you have already, Senator, pointed out another way, through the hospital, where many patients go. That is a possibility. And, of course, we as physicians do not like restrictions. We are highly individualistic. But, on the other hand, we do allow the Government