to restrict us in the use of opiates and other such materials through a registry, and one wonders whether this sort of thing might be applicable here, that certain drugs like Chloromycetin might have to be written under a specific ruling or registry where the druggist could then control, to some extent, the situation.

Physicians are, of course, jealous of their prerogatives and perhaps rightly so. They are by nature individualists who object reflexly to restriction, but it is doubtful whether they would mind very much putting down the patient's diagnosis in general terms on the prescription blank. However, I am not so sure about that statement. To restrict that drug solely to hospital practice, as you suggest; this is possible. It may be of some interest to say that about half the doctors in this country are in hospital practice one way or another.

Senator NELSON. About half?

Dr. DAMESHEK. Yes; I would say so. About 100,000 of the 200,000 doctors, M.D.'s, in this country are in hospitals. That includes interns, residents, and the like; full-time physicians.

Senator NELSON. When you say limit it to hospital practice, do you mean limit it to administration to patients in a hospital?

Dr. DAMESHEK. I suppose if in a hospital one of the rulings of the drug committee or of the administration were that Chloromycetin should be restricted to diseases one, two, and three, this might then cut out some of the prescribing for this drug. This would cut out some of the prescribing for this drug for simple infections; but on the other hand, we realize that the simple infections—acne, head colds, grippe—are not treated in hospitals. They are treated on the outside.

Senator NELSON. Dr. Barbara Moulton, a physician who was formerly with the FDA, stated that in the case of a relatively small number of drugs, among which she included chloramphenicol, there should be established a special category of medicines that should be prescribed only with the written approval of a consultant except in emergencies or special circumstances. Would that be feasible?

Dr. DAMESHEK. Well, I think that is a bit unwieldy and I do not think that doctors by and large would like it. This would mean that every patient in a hospital or on the outside who has a disorder of an infectious type, and in which the physician wants to use the drug, would have to call in a consultant by law. I think that is a bit unwieldy.

Senator NELSON. If it is the case as you state, and as I believe both Dr. Lepper and Dr. Best have written, that there are many cases where the drug is being prescribed where it just simply is not indicated, I assume that this occurs because the doctor is not really aware of the caution which must be exercised, or for some reason does not believe that the warnings are very serious. Would it not be possible perhaps to have a committee decide that there are some categories of drugs such as this one which produce very serious side effects in a certain percentage of cases and that with regard to those drugs some special requirement be devised for the doctor in the prescribing of it to alert him that this drug is one in which there are serious side effects. You could probably notify all pharmacists so that there would be a couple of checks on the prescribing of these drugs. For example, prescription of such a drug could be limited to circumstances so that at least the doctor has a chance to take a second look if he is not aware of the