relatively trivial indications for which the drug should not have been used. In the remainder of cases, there is not adequate information to say whether (*a*) or (*b*) would best fit, though one suspects that (*b*) would predominate. It should be pointed out that 26 percent of reports were from outside the United States, and that a number of the more serious infections such as typhoid fever are from this subgroup. Thus, in this country many of these complications have occurred in patients who, according to the criteria I have outlined, should not have received chloramphenicol.

Senator NELSON. It appears from your statistics that, eliminating the gray zone, the higher percentage of those given the drug should not have received it.

Dr. BEST. I am sure that this is true. It is difficult, with the amount of information sent to the registry, to always say whether there was a good indication or not. I gave the prescribing doctors the benefit of the doubt in any borderline case. I am sure that if you really examined each case with a fine-tooth comb, it would be a very significant majority in which you would say the drug should not have been used.

Senator NELSON. And these are all cases where serious blood dycrasias occurred?

Dr. BEST. Yes, serious enough for them to be reported. Now, some are more serious than others. Something like 75 percent of these, I would say, were of a very definitely serious nature. Maybe 20 to 25 percent tended to be a milder variety of the same thing.

Mr. GORDON. I notice in the circular chart on page 183 of your article that in only 6.6 percent of the reported cases was chloramphenicol the drug of choice.

Dr. BEST. These are the cases of typhoid, paratyphoid, and hemophilis influenza, where, just by knowing the name of the infection, you could say, "All right, we will say that chloramphenicol is indicated." In getting the 26 percent figure, giving the physician the benefit of the doubt, I decided that in a serious acute or subacute infection, evidence was adequate to say, "Yes, this was a good drug to use in that instance." But, I could be wrong. Here again it is a matter of working with, in many cases, a sketchy sort of information that is submitted with the report to the registry.

Mr. GORDON. Well, in those cases where it was not the drug of choice, was there any follow up to see whether it should have been used? Was there any indication in the reports to the registry?

Dr. BEST. I might say that the policy of the registry has been generally to receive the reports and unless they are grossly inadequate in information, to not try to seek further followup information. This policy was designed to obtain continued cooperation of the physicians by minimal paperwork harassment. Thus, there are very few of these cases where an attempt was made to find out further information other than that which was submitted in the original report.

Despite periodic reminders in the medical literature of toxic potentialities, it is apparent that some physicians treat this possibility lightly. In some cases the attitude is, "I have never seen such a case; therefore, I do not have to worry about it." Being as rare as it is, the average physician could well treat many patients with chloramphenicol over a number of years and never see a resultant aplastic anemi. How-