much less serious types of side reactions, and in many cases the spectrum of activity is quite similar to that of chloramphenicol.

In summary, chloramphenicol is a very useful drug in a variety of serious infections. In rare patients it may produce fatal bone marrow depression or other serious reactions. Since there is no way to predict or prevent these reactions in individual patients, the physican must exercise judgment in weighing the possible benefits against the possible deleterious effects of therapy with chloramphenicol as with any other agent. There appears to be continued need for reemphasis of potential dangers to the medical profession. However, I believe that attempts at legislative controls on the prescription of this drug would in the long run do more harm than good.

Senator NELSON. Is not the real issue here, however, that there is a clearly defined group of cases which you, as well as Dr. Dameshek and other distinguished authorities have testified to, in which the drug just simply should not be used. And in a substantial percentage of cases that you have studied from the registry, the drug was in fact improperly used and serious as well as fatal consequences were the result? Is that not correct?

Dr. BEST. That is true.

Senator NELSON. So, an important part of the problem here is that the drug is being prescribed in cases where it just simply should not be prescribed.

Dr. BEST. Yes; this is true. The danger I foresee is that controls would prevent it from being prescribed in cases where it should be prescribed.

Senator NELSON. You heard the discussion with Dr. Dameshek indicating that there ought to be some method at least of effectively communicating the warnings to the doctor or perhaps controlling the use of the drug. As to the possible method we discussed—that is, setting aside a group of drugs to be in a special category, and following the procedure used, say, in the prescribing and dispensing of morphine, would you find that to be a procedure that might be feasible?

Dr. BEST. I think so. Perhaps my summary statement against controls is a little too strong. Certainly, I would hate to see the pendulum swing over to the point where the drug could not be used. Let us put it this way: I think a certain amount of reasonable controls might be a good thing and acceptable. It depends on just how much of what one might interpret as harassment would be involved. A type of control parallel to that on the prescription of narcotics would seem to me reasonable; yes.

Senator NELSON. Well, the history of cases that have been called to your attention, as well as those reported, your study indicates that 30 percent of those you studied concerned people who should not have received the drug. So you do have specific cases where patients are either made seriously ill for the balance of their life or suffer a fatal disease as a consequence of inappropriate prescription of the drug.

As I mentioned earlier, when Dr. Dameshek was testifying, it appears, both from your statistics and considering the amount of the drug sold, that a large number of the people to whom the drug is being administered, should not have it.

Do you have any estimate or any guess to make as to how many people in this country ought to be receiving this drug annually?